

SOCIAL MARKETING

Social Marketing of condoms



APAC project is administered by Voluntary Health Services, Chennai with financial assistance from United States Agency for International Development under bilateral agreement with the Government of India.



APAC-VHS
Chennai

Community Health Cell
Library and Documentation Unit
367, "Srinivasa Nilaya"
Jakkasandra 1st Main,
1st Block, Koramangala,
BANGALORE-560 034.
Phone : 5531518

CONTENTS

	Page Nos.
● MODULE 1 Social Marketing	5
● MODULE 2 Human Anatomy	20
● MODULE 3 Product Knowledge	40
● MODULE 4 Distribution	54
● MODULE 5 Condom User Behaviour	65
● MODULE 6 Communication	85
● MODULE 7 Indicators of Success	104
● MODULE 8 Sustainability	112

FOREWORD

The spread of HIV has posed a grave challenge to the social and economic development of the country. The Voluntary Health Services – AIDS Prevention And Control Project (APAC) has initiated innovative and multi-pronged strategies to prevent the spread of HIV/AIDS. The intervention strategies of APAC are being successfully implemented through the support and cooperation of our NGO partners. Condom promotion constitutes an important component in AIDS prevention. APAC envisions that the NGOs' role should not be confined to distribution of free condoms and should be of a larger context.

NGOs have played a critical role in developmental projects and their contribution to health and family welfare projects are commendable. The training programme on condom social marketing is one of the support activities provided by APAC to the NGOs. This module aims to help the NGOs in setting up a conducive environment for condom promotion and creating a demand for condoms amongst the target audience. The training module has been developed with the support of leading professionals and gives the reader a comprehensive picture on the concept of social marketing and promotion of condoms. The training programme is being conducted by a team of highly qualified resource persons of Centre for Entrepreneur Development at Madurai and covers eight modules.

I also take this opportunity to put on record my appreciation to all the people involved in bringing out this module. I am sure the training programme and the contents will be of immense value to the NGOs involved in HIV interventions and look forward to their active association with us in preventing the spread of the dreaded virus.

Dr. P. Krishnamurthy

Project Director

AIDS Prevention And Control Project

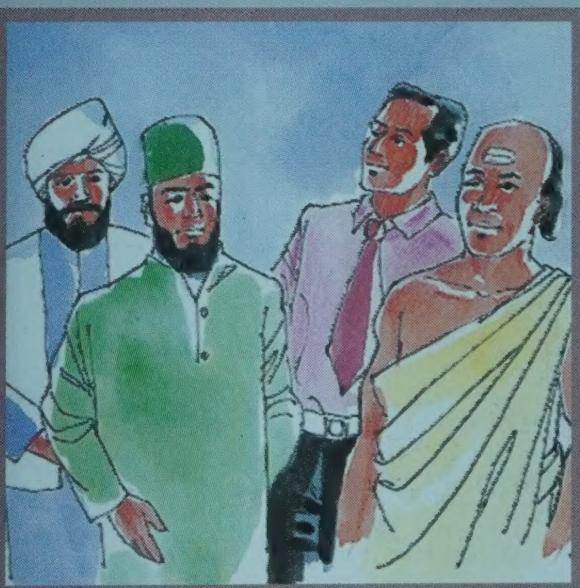
Voluntary Health Services, Chennai

MODULE 1

SOCIAL MARKETING

INTRODUCTION

Society



This module aims to enlighten the reader on the concepts of social marketing and explore means of integrating the concept into the various intervention strategies of the NGOs. In order to introduce the concept, the NGO needs to have a prior understanding of Society, Marketing and Social Marketing.

What is a society ?

A society comprises of individuals/groups, living together with different attitudes, desires, expectations, degrees of intelligence and education, beliefs, cultures and customs. The society consists of people of different cultures and subcultures. The concept of culture has great significance to social system, as people have their own idiosyncrasies and are a blend of heredity, cultural experience, sub-cultural experience, family experience and unique personal experience.

The social and cultural environment include attitude of people to work, attitude towards wealth, family, marriage, religion, education, ethics and social responsibility of business. Culture includes knowledge, beliefs, arts, morals, law, customs and other capabilities and habits acquired by an individual as member of the society.

Societal Needs :

The importance of a social system is to serve the needs of its people. Societal needs, serve as the basis of societal goals. The basic goal of a society is to contribute to the happiness of its people and better their quality of life. Quality of life, refers to the perceived well being of people, in groups and individually, as well as to the well being of the environment in which the people live.

Hierarchy of Needs



Maslow, saw human needs in the form of a hierarchy, ascending from the lowest to the highest and he concluded that when one set of needs is satisfied, this kind of need ceases to be a motivator. He categorised the needs into: 1) Physiological (basic needs like food, water shelter, etc), 2) Security or safety needs (fear of losing job, shelter, etc) 3) Affiliation or acceptance needs (sense of belonging), 4) Esteem needs (power, prestige, etc) and 5) Self actualisation needs (desire to become what one is capable of becoming - to maximise one's potential and to accomplish something).

Societal problems :

Most of the societal concerns are with regard to economical (per capita income, unemployment, crime rates, etc), social health (polio, AIDS, tuberculosis, etc) and environmental (pollution, radiation, etc) factors.

A societal problem may sometimes be universal or restricted to a particular geographical location or community. Similarly the strategy to be adopted could also vary from a mere inter-personal communication to that of mass campaign. Some of the other social problems commonly known are: child labour, usage of drugs among the youth, etc.

Societal Problems

- Economical
- Social
- Health
- Environmental

Unemployment	Eve teasing	HIV/AIDS	Pollution
--------------	-------------	----------	-----------

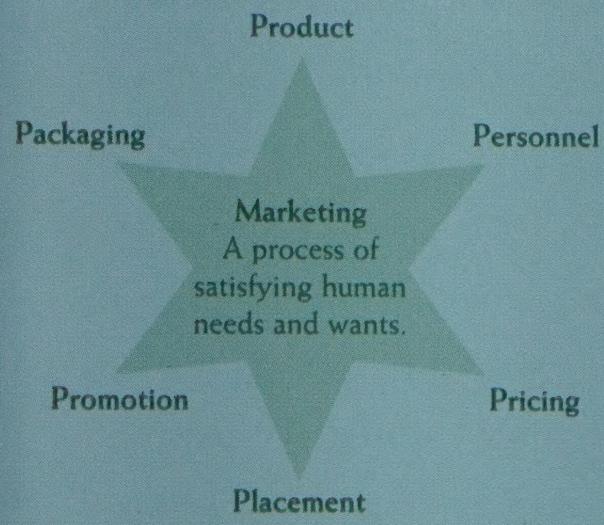
Indepth knowledge of the problem is required before addressing the social problem. The components that are to be covered while addressing the problem include :

- a) Understanding of the problem
- b) Analysing the various options to address the problem
- c) Bringing an awareness of the problem
- d) Evoking community involvement and participation to address the problem.

Addressing the problem through marketing :

Kotler defines marketing as a social process by which individuals and groups obtain what they need and want through creating and exchanging products and values with others. The starting point for the discipline of marketing lies in human needs and wants.

Process of Marketing



Elements of marketing :

1. Situational audit through indepth data analysis and use of research techniques for : knowing the target audience, knowing the market condition, knowing the legal and political climate
2. Pre-test the concept / product
3. Market segmentation
4. Promotion
5. Pricing
6. Packaging
7. Placement

Social marketing :

Social marketing is a process, a strategy for persuading, adoption of an idea, practice or all of them by adopting the principles and methodologies of commercial marketing.

The term social marketing was first introduced in 1971 to describe the use of marketing principles and techniques to advance a social cause, idea or behaviour.

'Social Marketing is the design, implementation and control of programmes seeking to increase the acceptability of a social idea or cause in a target group (s). It utilises concepts of market segmentation, consumer research, concept development, communication, facilitation, incentives and exchange theory to maximise the target group response.'

Social Marketing – conversion of negative attitudes to positive attitudes.

-	+
Hostility	➤ Sympathy
Prejudice	➤ Acceptance
Apathy	➤ Interest
Ignorance	➤ Knowledge

Social marketing is basically marketing of ideas for the promotion of social cause. It involves idea marketing, product marketing and development of service delivery system aimed at social change.

In order to make community based programmes more meaningful and result oriented, the focus should be on effective marketing research and highest emphasis on communication, which can ensure a large degree of target beneficiary understanding and participation.

The marketing task in development is basically one of transfer. Converting negative attitudes into positive. Like for instance from Hostility to Sympathy, Prejudice to Acceptance, Apathy to Interest or Ignorance to Knowledge. The process is best achieved through community involvement and continuing programmes, which maximize marketing opportunity rather than through one time events and annual activities.

Marketing ideas aimed at social change are complex as there are physical, psychological, social, economic barriers to change and a need for long term strategies are required rather than small or one time activities.

Difference between commercial and social marketing:

Social marketing focuses on analysis of problems rather than using solutions arbitrarily before hand. The difference between the two is in the substance and objective (profit Vs better health or environment) but not in methodology.

In other words an endeavor that encourages people to do something that will be beneficial to more than just themselves can be termed as social marketing. For instance, toothpaste is marketed for and is beneficial

Commercial Marketing



Social Marketing



primarily to the user. On the other hand, issues such as pollution, safe driving, family planning are not only beneficial for the individual and his family but for the society as a whole.

What is expected from social marketing :

Cognitive change :

It consists of a person's knowledge and perception that have occurred by a combination of direct experience, and related information from various sources. For instance, a persons misconceptions, myths and beliefs would be changed about the usage of condoms, once he knows more about condoms or uses it frequently .

Behavioural change :

The behavioural change is concerned with the likelihood or tendency that an individual will undertake a specific action or behave in a particular way with regard to the attitude / object. With regard to marketing and consumer research, this behaviour change is frequently treated as the buyer's intention to buy condoms. Buyer intention scales are employed to assess the likelihood of a consumer purchasing a condom. e.g., condom usage in all the sexual acts, purchase of condoms to free supply.

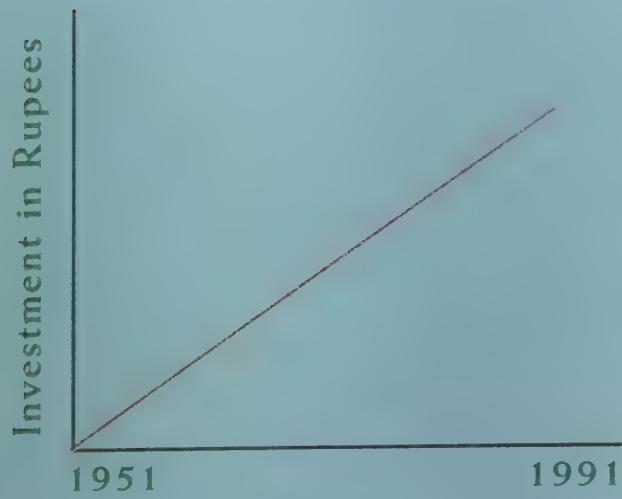
Value change :

Values are end-state of expected behaviour that are highly intrinsic in nature. e.g., hygiene – Dettol, health conscious – disposable syringe - are some of the classical examples of values associated with the brands/product: Social marketers of condoms must necessarily, identify some values and associate their brands with those values so that buyers associate brands with values.

Changes expected from Social Marketing –

- Cognitive change
- Behavioural change
- Value change

Government's Involvement in Social Developmental Projects



Business Firms



Who does social marketing :

Government :

The government is the major player involved in the societal development tasks. Plan allocations for social services have shown a steady increase from Rs.3,400 million since the first five year plan . Government tends to prioritise investments particularly in health and education sectors, to bring about national development and progress through change in social habits. Government is still the major player in promoting condoms as a family planning device.

Business firms :

Those involved in business have always been faced with the challenge of integrating their activities into the society as a whole. eg., creating non-smoking zones in the office, incentives for practising small family norms etc. are some concepts which could be thought about for the commercial sectors involvement in social marketing. Many business organisations help the society by sponsoring programmes of NGOs and also adopt some villages in their areas. Companies like Indian Tobacco Company have been actively involved in social marketing by distribution of condoms.

Non-profit organisations :

Social marketing is being actively practised by non-profit organisations like colleges, museums and hospitals, symphonies.

Non-Governmental Organisations :

NGOs have played an active role for nearly two decades in social development. The role of NGOs have been significant in areas of health, poverty eradication, education. NGOs today play a critical role in development as they are amongst the community and easily reach where media or government is not able to make much headway.

Process of Social Marketing

- Problem identification and defining
- Target population / market segmentation
- Consumer analysis
- Goal setting
- Influencing channel members
- Adoption of appropriate strategy and techniques
- Programme implementation and evaluation

Process of social marketing :

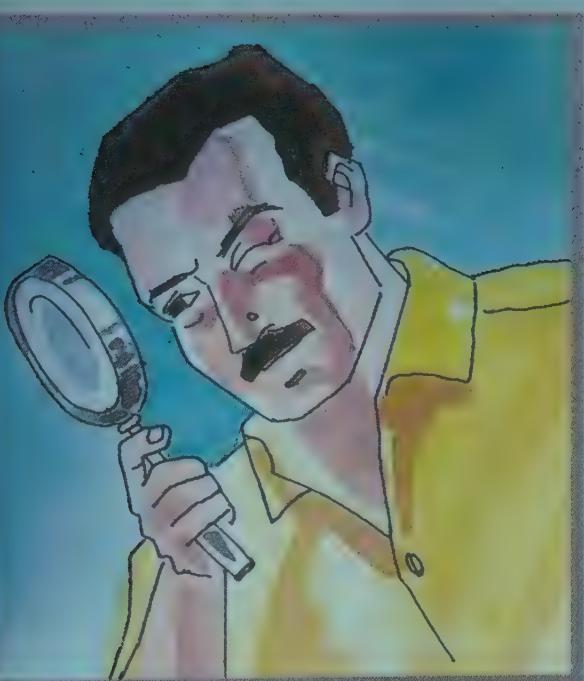
1. Problem Identification and defining :

Social marketing cannot be effective unless the problem is identified and addressed to the right target audience. The first task of the social marketer is to clearly understand and define the social problem that he/she plans to address. For instance, population outburst, the spread of STD/HIV virus and target audience's resistance to condom usage may be the concerning issues. for social marketing of condoms.

The social marketer's task would therefore be to understand the knowledge, attitude, behaviour pattern of the target group and the key concern areas for tackling the issues.

A proper understanding of the target group would help the social marketer to prioritise and develop an appropriate strategy to address the issue. For instance, if the knowledge level that condoms could prevent pregnancies and STD is high amongst the target population, then the social marketer need not invest his time and resources in educating on the role of condoms in preventing pregnancies and STD and rather could focus on the other attitudinal and behavioural issues.

Research plays a very critical role in identifying, understanding and prioritising the problem. Social marketers use research tools to collect information from respondents through either direct or indirect methods or a combination of both. In the direct methods focus group discussion, Indepth interviewing of the respondents and intercept interviewing are adopted, while in the indirect methods respondents are either reached through mailed questionnaires, target group observation (TGO), and by camouflaging the objective (eg., medical camps).



It is important for the social marketer to be familiar with the following terms connected to research.

Sampling (who is to be surveyed?) and purpose of research :

The market researcher must understand the purpose of research and define the target population that will be researched. Sampling represents the views / opinions of the target group/community, and scientific method of identifying the samples is critical for research. For example, Commercial Sex Workers (CSW's) and their problems related to condom usage.

Sampling size (how many people should be surveyed ?) :

Large samples give better results than small samples. Normally for better results 10% of the sample is taken as the optimum sample size.

Methods of data collection :

a. Focus group discussion

Respondents from various segments are pooled together and discuss freely without any inhibitions so as to get the maximum response from them.

b. In-depth Interview :

In-depth interview is conducted amongst the respondents to dispose / transact the inner personality dimensions of a particular issue.

c. Observation Technique :

Observing the behaviour of the respondents in their local situations with or without their knowledge.

d. Open-ended questionnaire :

It is a free type of question that facilitates free flow of further information. e.g., what is your opinion about 'X' brand of condoms?

Issues to be Researched in Condom Promotion

- Target audience attitude
- Barriers of condom use
- Sources of availability
- Motivating factors
- Knowledge of correct and consistent use
- Price preference
- Brand / features preference

- Demographic
- Geographic
- Psychographic
- Behavioural

e. Close-ended questionnaire :

Here the question is supported by 'Yes or 'No' answers that arrest the respondent's choice, eg., do you use condom or not ?

'Yes' 'No'.

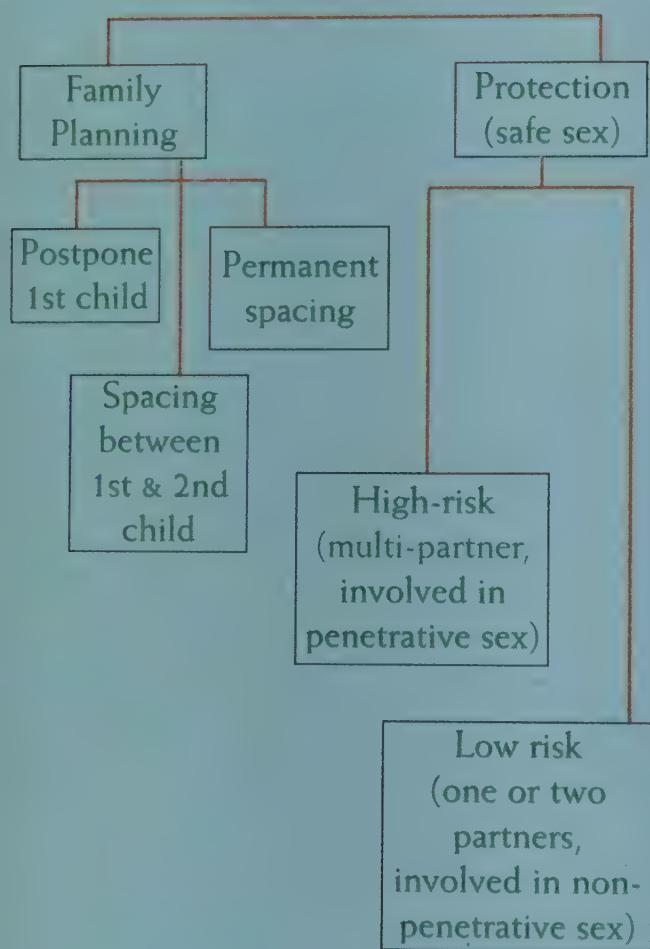
Situational Analysis / understanding the current situation :

Target audience attitude towards condoms, why people resist using condoms, sources of availability, understanding the demand – supply situations, motivating factors for using condoms, knowledge level of different brands, features, correct use, price preferences etc. are some of the issues that need to be understood by the social marketer involved in condom promotion. A knowledge of the above helps the organisation to plan their intervention strategies by addressing the issues and highlighting on the positive attributes. The marketer should also examine in addition to the psychological forces, the economic, political and cultural forces that support and reinforce the promotion and use of condoms.

2. Target Market Segmentation

The process of dividing up the market into homogeneous segments and then developing unique marketing programmes for individual target segments. The techniques of segmentation and targeting enable the social marketer to categorise the people in the community/ market into a subgroup whose members are in some meaningful way different from other subgroups and from mass of the consumers. Such market segments become targets within the marketing strategy, and are offered specially tailored versions of the marketing mix. Most of the segmentations come under one of the four main headings:

CONDOM USER



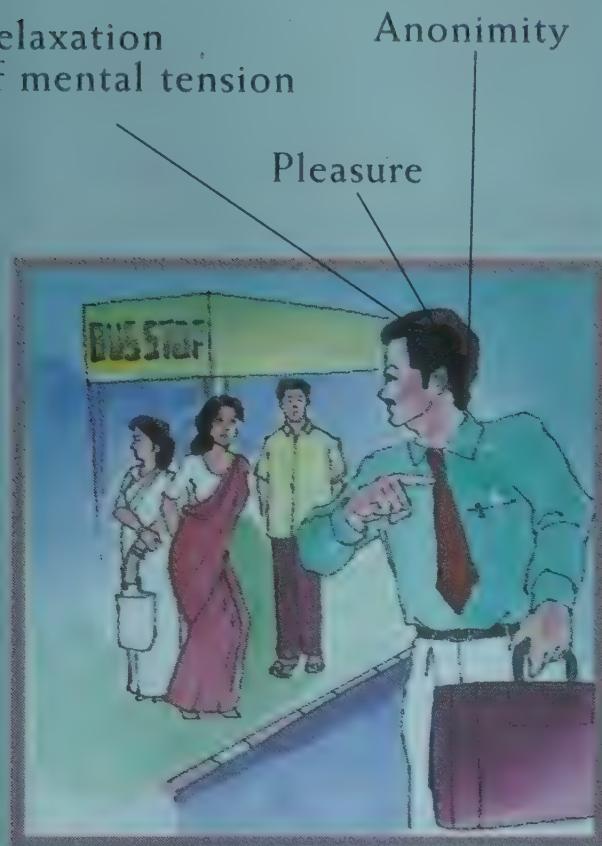
- a. **Demographic** : Segmentation focuses on who the people are in terms of gender, age, ethnic origin or socio-economic classification.
- b. **Geographic** : Segmentation concentrates on where people are, adjust the marketing mix to cater for differences between continents, nations and regions.
- c. **Psychographic** : Segmentation tackles what people are in terms of their characteristics, interests and lifestyles.
- d. **Behavioral** : Segmentation differentiates people on the basis of what they do.

For instance, the total population can be segmented into users of condoms and nonusers, based on the age and gender groups, and within the condom users further segmented into people using condoms as a family planning device and people using condoms for safe sex. The family planning group can be further segmented into: those who want to postpone the first child, for those who want to space between the first and second child and for those who want to have it as a permanent family planning device.

Similarly, in the case of people who use condoms for safe sexual options they can be segmented into: individuals with high risk sexual behaviours (People involved in sex with multiple partners and people who are involved in penetrative sex), and individuals, with low risk sexual behaviours (confining to one or two known partners, not involved in penetrative sex etc).

A commercial sex worker for example can segment her clients into regular, new, young, and occasional and adopt different strategies to convince the client to use a condom. In the case of young and new client she may be

Consumer Analysis



in a position to easily convince the client and could even slip the condom without their knowledge, whereas she may have to be very persuasive in the case of an older or regular client.

Segmentation allow the social marketer to select a specific segment and focus the efforts and also to study the behaviour of each segment so as to identify the most cost effective marketing strategies.

3. Consumer Analysis :

Each target segment needs to be researched in terms of their attitude and behaviour towards the idea or product which the social marketer introduces them to. Understanding the target audience perception towards the product or concept is very important to help them for their present attitudes and behaviour, eg., an analysis of travellers who stay longer duration away from home and involved in high risk sexual activities are due to pleasure, anonymity, relaxation of tension etc.

The role of social marketer is to try to discover the reasons as to why a particular segment is not interested in condom use behaviour and try to change the existing attitudes, eg., condoms usage reduces the sexual pleasure can be replaced by condoms gives long enduring sexual pleasure.

4. Goal Setting :

The Social marketer must set measurable goals that they can reasonably hope to accomplish. While fixing up the goals the Social marketer has to take a wholistic approach and set both quantitative and qualitative goals. In the case of condoms the social marketer can fix up quantitative goals like the number of condoms to be distributed, new condom vending outlets to be opened, effective display of

condoms at the outlets etc. Similarly qualitative goals can be set for increasing the knowledge level of the target audience on the importance of condoms, product features, correct usage amongst the target could be set and measured. The goals help the social marketers to develop a plan and budget and secondly to establish benchmarks for evaluating the success of the interventions.

5. Influence channel members :

Social marketers need the influence, support and cooperation of more than one of the channel members. The role of the social marketer is to first identify the channel members who would need to be contacted to get the required cooperation for carrying out the programme effectively. For each target groups the buyer, influencers, deciders and users could be different and the social marketer should identify means for influencing the different members.

The channel members involved could be the influencers of the target audience, policy makers, politicians, service providers etc. The social marketing programmes have to be taken down to the grass root level and it is always desirable that the social worker is able to identify peer members within each target group or community for successful implementation of the programme.

6. Adoption of appropriate strategy and tactics :

The social marketer after having an understanding of the problem of different segments has to plan for a marketing strategy that would ensure in bringing about the desired change. The social marketer decides on the possible options available to bring in behavioural / attitudinal change amongst the target audience towards the social problem. The social marketer needs to review the strategies that are currently in practice and generate new additional strategies

Adoption of appropriate strategy and tactics

AUDITING

(Where are we now?)



DECIDING OBJECTIVES

(Where do we want to be?)



DECIDING STRATEGY

(Which way is the best?)



DECIDING TACTICS

(How do we get there?)



IMPLEMENTATION

(Getting there!)



CONTROL

(Ensuring arrival)

by either brain storming and by reviewing the Four Ps of marketing. Social marketers could then examine the strategy that would be the most cost effective, result in maximum mileage and ensure long term sustainability with the target groups. Some of the possible, strategies for increasing condoms usage could be:

Product : Thickness of the condom has been reduced to give more of a natural feeling, number of pieces have been increased/reduced to meet individual customer requirements, Additional features have been introduced.

Place : Increased product availability, placement of condoms at strategic locations and convenient points like petrol bunks, lodges etc.

Price : Condoms are available at different price ranges to suit all segments of population. Government has exempted condoms from excise, octroi and all taxes.

Promotion : Advertisements on condoms highlight on the positive attributes and lifestyles of using condoms, prominent display of condoms at retail outlets also acts positively in promoting condoms.

7. Programme implementation and evaluation :

The intervention programmes have to be assigned to specific individuals to carry out within a time frame and budget. Evaluating the full effect of the intervention programme is not an easy task. A campaign, for instance, would be evaluated based on the high number of adoption, speed of adoption, continuance of adoption, cost for successful adoption and no major counter-productive consequences.

Programme implementation and evaluation



Role of NGO's in condom social marketing :

The role of NGOs in community development and in addressing social issues have gained significant importance in recent years. The NGOs due to their acceptance in the community and target groups, are in a position to deliver the results in a much faster and cost effective manner than the Government or private organisations. In the case of condom promotion NGOs have been involved in motivating the target audience to bring in behaviour change for small family norms and for practising safe sexual options. In most cases the NGOs have been distributing / making available free condoms to the target audience and informing the advantages of using the product.

Free supply of any product is normally given to encourage user trial of the product and once the user uses the product and if satisfied, continues to purchase and use the product. Free supply is also encouraged if the community is not in a position to afford purchase and use of the product. While the free supply condoms has brought about a reasonable change amongst the target audience to use the product, it has resulted in a lot of misuse and wastage of the product. In many cases both the community and NGOs have lost confidence in the product because it is supplied freely resulting in low usage of condoms.

It is therefore very important that the NGOs plan their condom promotion activities and the following questions are posed by them before promoting condoms.

Role of NGO's

- What are we into
- Can the community afford
- Is the operation sustainable
- Is the product/service accessible
- The environmental influences
- Providing of choice
- Knowledge and skills to address the issues

What are we into : Are we here to distribute condoms or bring in a particular behaviour change ?

Affordability : Can the community we are addressing afford to purchase condoms?

Sustainability : What measures would ensure long term sustainability of the behaviour change and from where will the community get condoms if the NGO ceases their operation?

Accessibility : Is the product availability restricting the community to use the product or is it freely available ?

Environment : Is the sources of procuring condoms, conducive to the user or is the setting embarrassing or stigmatising ?

Choice : Are we giving the user choice of the various range of products that would stimulate the use of condom?

Issues : What are the issues that hinder condom usage and do we have answers to address these issues.

How can the NGO help in condom social marketing?

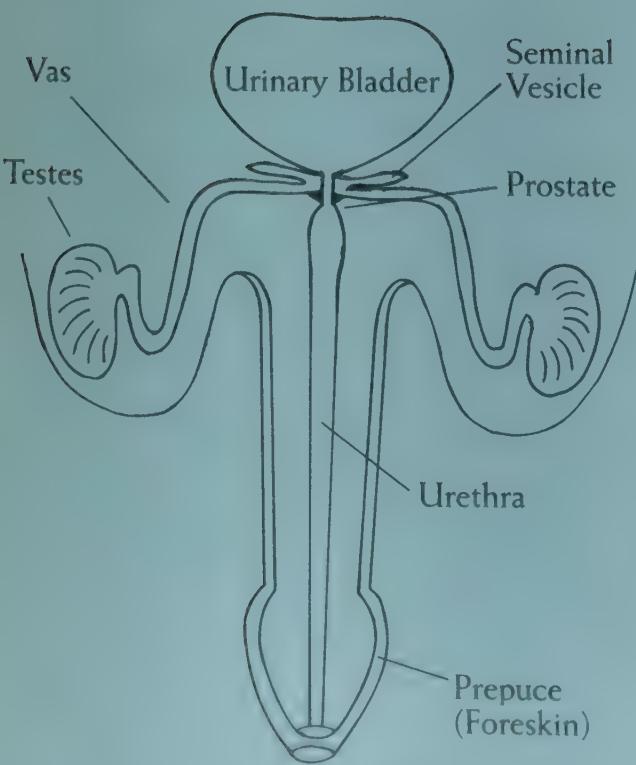
- Ensure availability.
- Provide conducive environment at sources of availability.
- Inform target audience of the different sources from where condoms can be procured.
- Provide correct information on the product resulting in enhanced confidence level of the product amongst target audience.
- Provide skills to target audience to negotiate condoms usage.
- Clear myths of misconcepts with regard to condoms.

INTRODUCTION

Sex is a natural behaviour for living things to reproduce their young ones and to maintain their species on the earth even after their death. Among humans, knowledge on sex is very poor and wrong informations are received from cinemas, pornography and other wrong literatures. A correct knowledge starts from understanding the Anatomy. This module gives a brief idea to the reader on the Reproductive Organs, Pregnancy, STD and HIV/AIDS.

The Anatomy (male) :

The male reproductive system (sex organ) comprises of Testes, Vas and Penis. The Spermatazoa or sperm (Male gametes) are produced inside the testes (which are situated inside the scrotal sacs) and find their way into the vas - (the long) connecting tube from Testes to the roof of penis). From here they travel through the vas to reach the prostate and seminal vesicles (at the root of penis). During sexual act they get discharged into the urethra, through the common urinary passage inside the penis and are sent outside.



The semen or male fluid contains spermatazoa – (male's contribution - gametes) which are bathed in a special fluid produced by seminal vesicles and prostate, that supply food to the sperms. This fluid quickly solidifies (becomes frozen) when exposed to air but remains fluid when discharged into a woman's genitalia.

The spermatazoa remain active and alert for a long time inside a woman and swim up in search of their female counterpart – the ovum. The sperm (spermatazoa) consists of a head (which contains all the genetic materials), a body and a tail. The tail is responsible for the movement of the sperm.

The Penis :

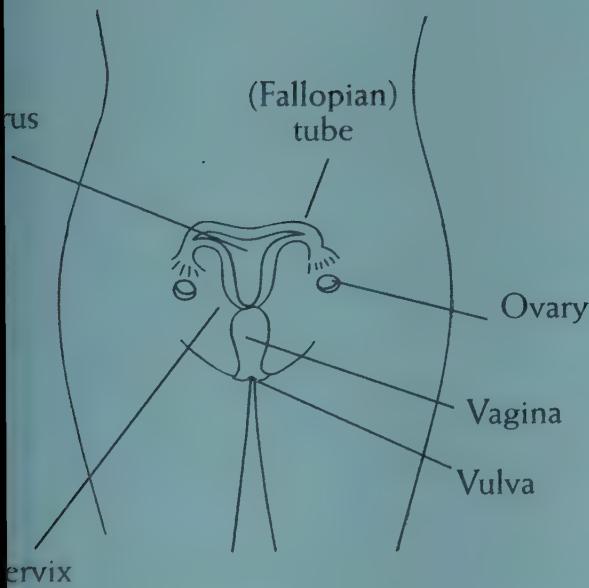
The penis is a fleshy organ attached to the lower end of abdomen at one end, while the other end remains free. It consists of a special type of tissue called erectile tissue. It is richly supplied by blood.

The penis can become enlarged, elongated and stiff when filled with blood and become flabby and small when blood drains off into the body. The inside of the penis is traversed by the urethra - which is the common passage tube for both semen and urine (not simultaneously).

The free end of the penis is covered by a flap of skin that is retractable. (Foreskin or prepuce). Under this skin flap, there are small glands secreting a fluid that becomes white and powdery on drying. This is called smegma.

The urethra is a passage for urine from the bladder above. At its upper end, it is covered by a gland called prostate and through this gland, the vas carrying semen from either side pass into the urethra. The seminal vesicles are two glands situated on either side of the prostate and they empty themselves into the vas (supplying the food and fluid for sperm). The seminal vesicles, upper part of vas, and the prostate are covered by a special muscle whose contraction is necessary for ejaculation to take place.

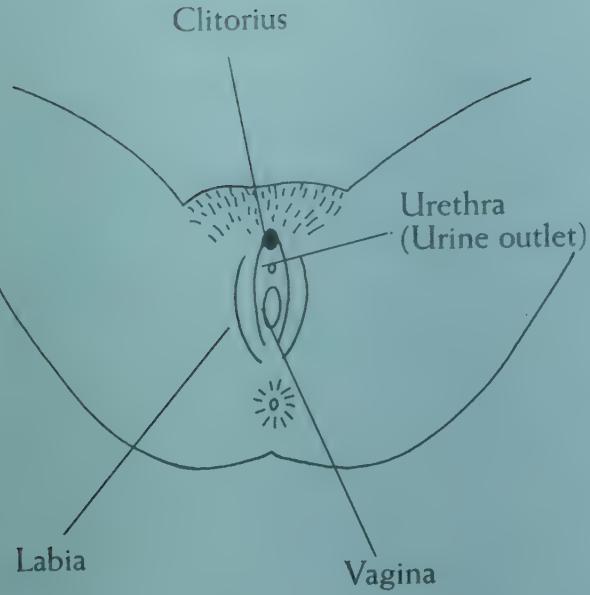
Female Genital



The Anatomy (female) :

The female reproductive system (sex organs) consist of the ovary, the tubes (fallopian tubes), the uterus and vagina.

The ovary is the counterpart of testes in male but unlike in male (where they are placed outside the body, inside the scrotum) they are inside the abdomen. They are two in number situated on either side of the uterus (womb). The uterus is a body hanging inside the abdomen with two side ways limbs (tubes) which connect it to the ovary on either side. The uterus lower end (cervix) opens into the vagina.



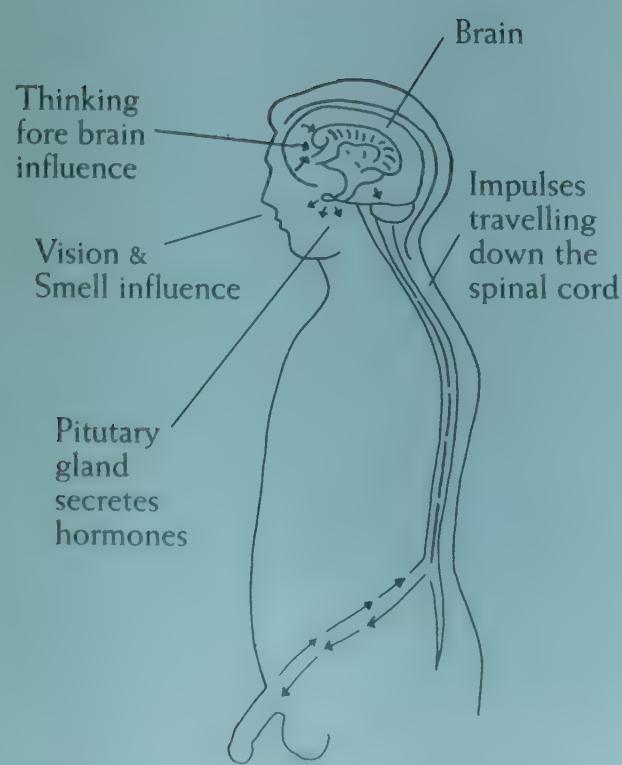
The vagina is the passage that opens to outside below and is connected to the lower end of uterus above. The vagina is acidic in nature in the adult women, and this acidity protects it from many infections.

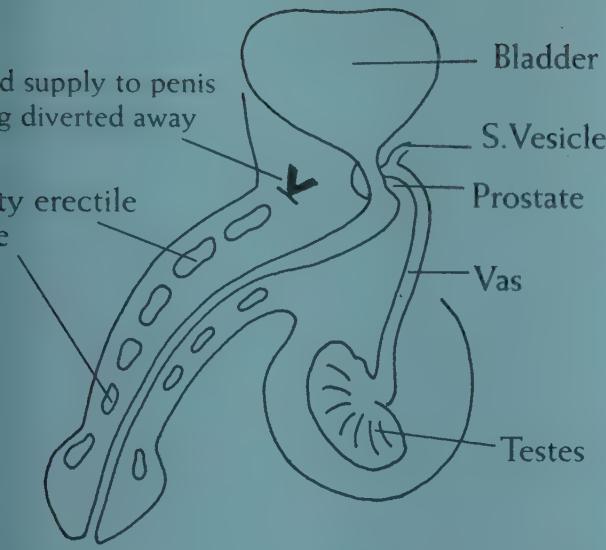
The exterior of the vagina is covered by two fleshy points called the labia (lips). Just in front of the vagina, the urethra (urinary passage) opens up separately. (In male, both urine and semen will have to come through the same passage - but in female, through separate passages).

Physiology of Sex :

Unlike many believe, sex is not a simple physical act. The desire for sex actually commences in the brain, in a part called the 'Limbic System', which is a junction of various components of the nervous system including the Endocrine system. (The area that controls sex hormones - the chemicals that activate the genitalia). Fear, anxiety, depression, severe inferiority complex, hatred of the sex partner can all interfere with sexual function. In the lower animals, this system is activated by the sense of smell - but in human beings, it is the thought providing brain that actually does it.

Once limbic system is activated, the sex hormones (chemicals) are secreted and impulses travel down the spinal cord to reach the nerves that activate the genitalia. In males, their activation results in pumping of blood into the penis which results in its engorgement and erection. It should be remembered that the blood collecting inside the penis is never lost and is totally returned back to the body. This is similar to what happens when we blow air into a tubular balloon. The balloon inflates and becomes rigid like a tube as long as air is inside. Once the air is let out the balloon becomes small and flabby. In the same way, as long as the penis holds the blood, it remains erect. Once ejaculation is over, the blood is released back into the body resulting in the





penis going small and limp. This process is controlled by the nervous impulses from the brain - down the spinal cord – and also through the hormones.

It should be remembered that the blood collecting inside the penis is never lost and is totally returned back to the body. In the female, the sexual stimulation results in mucous secretion (a fluid that helps lubricate the genitalia) and relaxation of the vulva and vagina to accommodate the penis. The tip of the penis in male, and the vulva in females – particularly a part called Clitorius are highly sensitive and they help in sending stimulatory signals to the spinal cord.

Puberty - menstruation and menopause

Puberty is the age at which a child gets physically transformed into sexually mature adolescent. It occurs earlier in female (13-14 years) than in male (16-17 years). In female, the ovaries become activated under the influence of hormones released from the brain. The mature ovary produces one ovum (the female gamete) every cycle (from alternate ovary). During this stage the uterus becomes thick and prepares its inner wall to receive the body in case the ovum gets fertilised by a sperm from a male.

If no fertilisation takes place, then ovum simply gets thrown out of the body. This is followed by the shedding of the inner uterine wall which actually constitutes the menstrual flow. Once the inner wall has cleared itself, it starts regrowing to prepare itself to receive the next ovum from the other ovary. Thus, this cycle goes on. It should be remembered that this cycle is controlled by a gland called Pituitary at the bottom of the brain.

This menstrual cycle which starts at the age of 13 to 14, comes to an end at the age of 40-50, due to shutting off by the Pituitary. This results in stoppage of ovum production, and hence no menstruation. This is called Menopause.

In men, such typical cycle is not seen. But, when puberty sets



in, it is characterised by the development of muscle, growth of mustache and beard and change of voice from soft to rough. There is no true menopause in men.

Types of sexual behaviour:

Masturbation :

This is a self sexual stimulation by an individual. Psycho-social research shows that 99% males and 80% of women resort to this in their pre-marital life. Here, there is no physical contact with the opposite gender but psychological imagination and self stimulation leads to this act. In men this results in discharge of semen while in women this results in increased mucous secretion of their genitalia.

Myths about masturbation :

Masturbation means bad habit to most people. This is the result of poor understanding of our body. The wrong ideas are :

Loss of semen means loss of blood and energy.

This is not true. Semen is being produced continuously like saliva. The contents of semen are in no way connected to blood. Hence, loss of semen does not mean loss of blood or energy.

Loss of semen means one is wasting the fluid that makes a future human being.

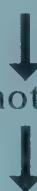
This is again not true. The sperm (male gamete) contains genetic materials that represent only half a human being. Only on union with an ovum (female gamete) it becomes full and develops into a baby. Besides, every drop of semen contains millions of sperm - all of which cannot find an ovum even when they are discharged into a woman.

One feels tired and depressed after masturbation.

This happens mostly due to 'Guilty conscience'. Religion, social taboos and disappointment in not finding sex partner – all contribute to this feeling.



Loss of semen

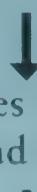


Does not mean



Loss of blood
or energy

Frequent
masturbation



Does not
lead to



Impotency

Effects of masturbation on the body :

Virtually there is no difference between masturbation and actual sex as far as reaction in the body is concerned. Ejaculation of semen is associated with the release of certain hormones in the body that cause fast pulse rate. Sweating is associated with sex due to physical contact and often due to closed/poorly ventilated room.

Masturbation is not responsible for either sterility or impotence – but the psychological depression one develops due to guilty conscience can cause impotence.

Heterosexual

Heterosexual means sex with a person of opposite gender (i.e. – male and female). The normal heterosexual behaviour involves visual stimuli (through eyes) followed by physical contact. Smell and hearing play much lesser role. This usually ends in penile penetration and discharge of semen into female's vagina. Where the two partners involved are mutually affectionate and loving, this event is very satisfying for both. (Satisfaction is a state of mind and not that of body).

Where, there is no affection involved, the act may leave the female frustrated and the male may feel guilty. Sexual orgasm comes faster for male than female and it ends with ejaculation for male while it may continue for the female for sometime after the sexual act. This can be overcome by preplay and after play. (i.e.,) caressing and handling both before and after the sexual act). Most women expect emotional attachment from males rather than orgasmal satisfaction. Hence sex is better when it is accompanied by mutual love and affection.

Homosexuals

Homosexuals means sexual intercourse between two persons of same gender. Among these, females (Lesbians) are of less



importance because there is no penetration involved and usually no exchange of body fluids. Male homosexuals are more important from the point of view of AIDS prevention. They may resort to genito anal sex, oral sex or mutual masturbation. In genito anal sex – penetration is involved with flow of semen from one person to another. Also both partners sustain micro-injuries during this act – resulting in contact between the blood of the two persons. Anal sex has been reported among heterosexuals also.

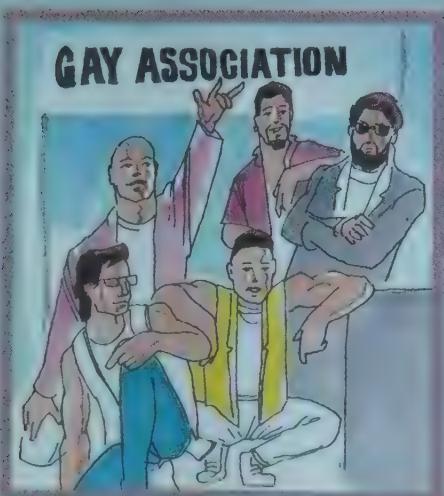
In our country, sex by itself is a secret topic not much talked about while unusual forms of sex are still more secretive. But why people become homosexuals? This can be due to lack of heterosexual opportunity or out of specific choice. The homosexuals by choice, may be suffering from certain set backs to their sexual psychology earlier or they may have certain genetic (innate) change that make them homosexuals. In Western countries where marriages are decided only by the individuals concerned, homosexuals tend to remain unmarried and form their own association.

In non-permissive societies like ours – where marriages are usually arranged by elders may be forced to marry a woman due to compulsions of and so becomes bisexual. It should be understood that the choice of sex is an individuals' personal behaviour and judging a person on this basis is not correct.

Oral sex

'Sex' does not mean only union between the genitalia of male and female. It also includes kissing (oro oral) and genito oral contact. Kissing can be 'Dry' and 'Wet'. Dry kissing involves kissing on the cheek and brushing with the lips. Hence, there is no body fluid exchange. Wet kissing involves saliva exchanges between the two partners. Oro genital sex is where one person's genital is in contact with the mouth of the other person. In heterosexuals, this can be out of selective choice or

GAY ASSOCIATION



it can be of necessity. Women who want to avoid pregnancy (without contraception) may prefer this method as also women in advanced stage of pregnancy. Men with pot belly or with heart disease also may prefer this method.

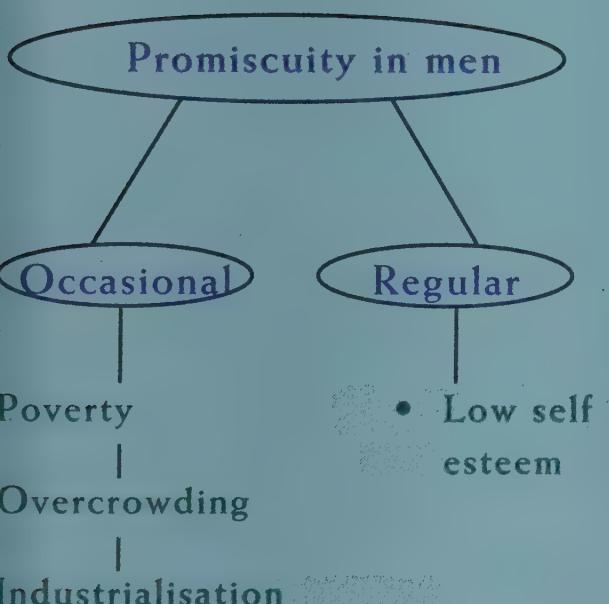
Promiscuity

Promiscuity is defined as exposure to more than one sex partner within the period of one year.

The one year was stipulated, having in mind those Sexually Transmitted Diseases that have a long incubation period such as genital warts. In AIDS Era – this 'One Year' stipulation is obsolete (AIDS can manifest 10 years after exposure to risk). Hence, we can define 'Promiscuity' today as exposure to more than one sex partner – without any time specification. Promiscuity does not mean frequency. Frequent sex between husband and wife is not promiscuity.

Promiscuity in male

Man came from Ape. Like Apes, man has innate tendency for multipartner sex (i.e., promiscuity). But social customs, environment, religion etc. have an effect and so, man tries to live Monogamous (with only one wife). But Whenever there are sustained opportunities to escape from known surroundings (Anonymity) man tends to seek extra marital sex. Poverty, over crowding, mass mobilisation, industrialisation, etc. have their effect on de-stabilising the social environment and so encourage anonymity and promiscuity.



The occasionally promiscuous male comes under this above category. The regularly promiscuous person comes under different category. Often lacking Self Esteem, these persons derive momentary Ego, Satisfaction by having sex. While occasionally promiscuous person might listen to advice and information, the 2nd category (Regularly Promiscuous) may not listen or care. They are referred to as Repeaters. That is,

repeating their high risk behaviour inspite of education and information. A more sustained Motivational education will have to be evolved for them.

Promiscuous Female

Female by nature are less inclined to change partners on their own. Society is more watchful and critical on women than on men.

But, promiscuity in women often results from 'lack of affection or care' by husband, infertility due to husband, abuse at workplace by male superiors and abuse by men of socially higher groups in villages.

Habitually promiscuous woman (NYMPNOMANICS) are actually psychologically ill persons. Poor self esteem, seeking psychological approval from others, need for assurance about one's self, all play a role in such women's behaviours (rather than sexual dissatisfaction as popularly believed).

Sex workers

Sex Workers

- Deserter
- Divorce
- Destitution
- Drug addiction
- Delinquency (mentally ill)
- Deceit

They are the victims of the society. Desertion, Divorce, Destitution, Drug addiction, Delinquency (mentally ill) and Deceit (cheating job seeking women into sex work) are the 6 'D's that are primarily responsible for the existence of the sex workers.

Poverty and children's care are additional causes. Female sex workers exist in a society because men maintain them. Promiscuous females are not easy to identify. They are more shy and secretive than promiscuous men. Illiteracy, fear of social disapproval are additional causes. Hence health messages seldom reach these women. As such all sex related health messages must be given to women in general at every opportunity, without trying to stigmatise any group.

Pregnancy

Pregnancy is the outcome of fusion of spermatazoa (Male gamete) with ovum (female gamete). The ovum production commences in the female at around the age of 13-14, due to the hormonal activation by 'Pituitary' a gland at the bottom of brain. With the commencement of ovulation, the menstrual cycle also starts. This is called 'Menarche'.

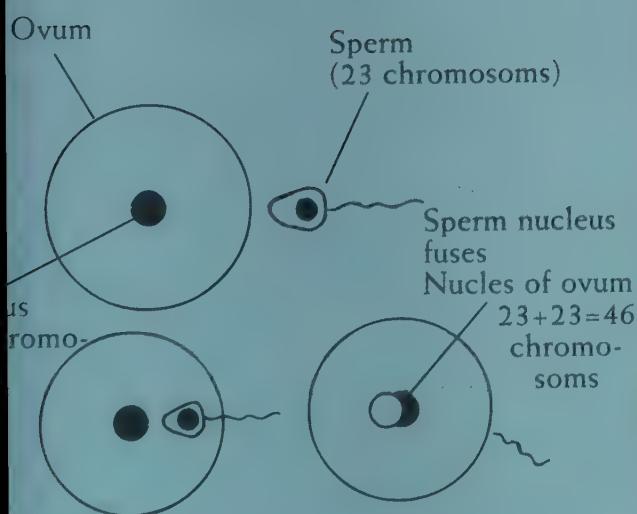
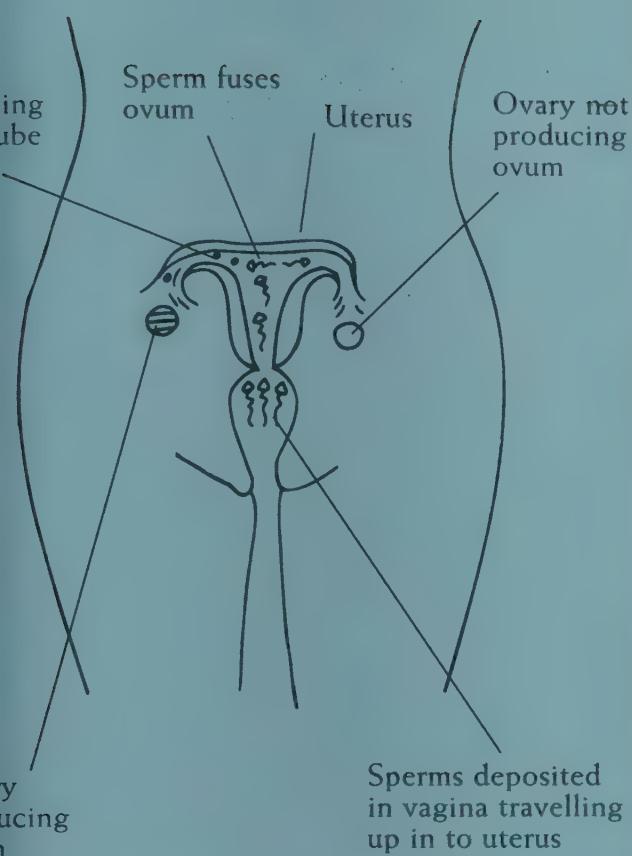
Similarly in male, the activation by the 'Pituitary' causes production of spermatazoa in the testes. This occurs relatively late in male at about 16-17 years. When no sexual union takes place, the ovum from the female - produced each month at about the middle of her menstrual cycle, finds its way in the uterus via the fallopian tubes - and gets discharged out. This is followed by the shedding of the inner wall of the uterus (called Endometrium) and this is what we call as menstruation. When the old inner wall is completely shed, new wall regenerates along with a new ovum being produced from the other side ovary - and this cycle goes on.

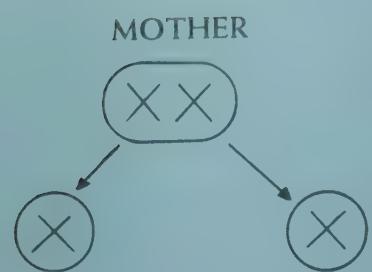
What do Sperm and ova contain?

The Spermatazoa (male gamete) and the ovum (female gamete) both have half the genetic material of the father and mother, respectively.

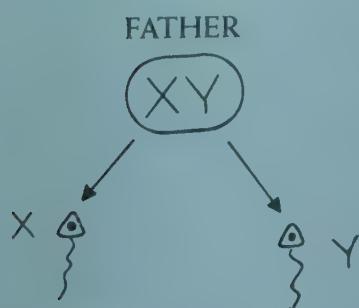
That is, a human being carries 46 chromosomes (genetic material) in each of his cell. The chromosomes contain all the information about him/her including their skin, colour, height, body profile, mental profile etc.

In the spermatazoa/ovum, only one half of this (23 chromosomes) is represented. Thus, neither the sperm nor the ovum can become a complete human being. But when fusion occurs between one spermatazoa and one ovum that results in $23 + 23 = 46$ chromosomes (23 pairs) which results in a new human being i.e., the baby. In other words, every human being (male or female) is half from father's side and





Only one ovum is available during a cycle it always contains X only



Each spermatozoa carries either X or Y chromosome only

half from mother's side. When a woman is exposed to sex at a time when, the 'ovum' is already released into her uterus - and the males spermatazoa - discharged in to her along with the semen, swim up to reach the ovum, one of these spermatazoa can fuse with the ovum – resulting in fertilisation - that is – a new baby.

It should be remembered that the semen from a male contains millions of spermatazoa – and most of them try to reach the ovum. Unlike in men, the woman produces only one ovum a time and thus the competition is very high. Millions of sperm trying to enter one ovum. The luckiest one that enters, fuses with the ovum. Immediately after this fertilisation, the ovum becomes resistant to entry by other spermatazoa i.e., only one sperm can fertilise one ovum.

The new formed fertilised ovum, (now called zygote) gets embedded into the inner wall of uterus (endometrium) and starts developing into a baby. There will be no menstruation once pregnancy starts.

What determines baby's gender : (sex)

The sex chromosomes – that is, the genetic materials that determine the 'gender' (sex) of a person - are situated in the 23rd pair (46th chromosome). They are represented as X & Y.

A person whose 23rd pair is both X & X, i.e., XX - that person is a female.

A person whose 23rd pair is X & Y, that is XY that person is a Male.

When spermatazoa are formed, they carry only half the number of chromosomes, only 23 and not 23 pairs.

i.e., ORIGINAL 23rd Pair = XY.

X

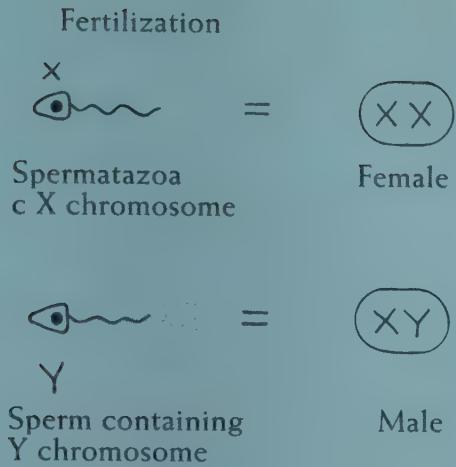
Spermatazoa

Y

Spermatazoa



It's the male who is responsible for the sex of the child



Thus, in the semen of a man, half the spermetazoa carry X chromosomes and the other half Y chromosomes.

In the female – the ovum similarly contains one X chromosome in each. There is no Y chromosome in females.

ORIGINAL 23rd pair :

XX
X Ovum X Ovum

Only one ovum is available for fertilisation at a given time, and it always contains only 'X' chromosome.

When a spermetazoa having X chromosome fuses with the ovum. that is, the baby becomes female.

When a spermatozoa having Y chromosome fuses with the ovum the baby becomes male.

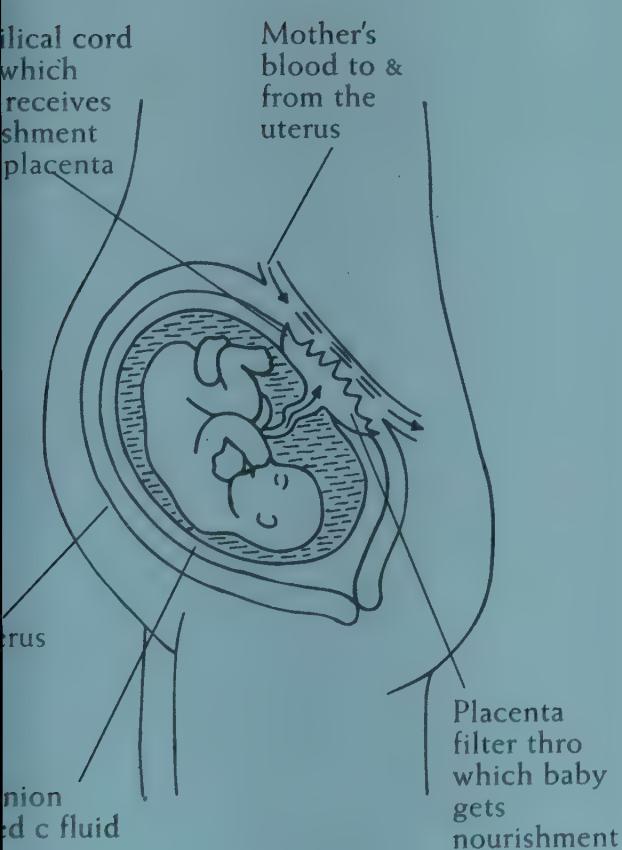
It should be remembered that it is the father who determines the gender of the baby and not mother.

Early phase of pregnancy : (first 12 weeks)

The fertilised ovum (Zygote), after getting embedded inside the uterus of the mother, starts growing inside. It has an outer protective covering called 'Amnion' and there is fluid around the baby inside this covering called 'Amniotic Fluid'. This protects the baby as shock absorber from outside pressures.

The 'Placenta' is the point of attachment for the baby with the mother uterus. Through this placenta, the baby absorbs oxygen and nourishment from the mother and expels its own carbon-dioxide and other waste products. As the baby is not feeding by mouth there is no fecal matter (motion). The point of placenta that enters the baby through its Umbilicus (navel) is Umbilical Cord.

The baby is a foreign body inside the mother, that is, the baby is half from its father and only half from its mother. There is a small risk for the mother's body to reject the baby because it is not the same as itself. (Our body tissues do not accept tissues that are not identical with themselves).



But this risk is minimised by the fact that the baby's body is not directly communicating with the mother but only through the placenta which acts as a filter. Also, the mother's natural defence mechanism is suppressed during pregnancy. The mother is more vulnerable to infections during pregnancy.

Middle phase (2nd 12 weeks)

The baby has developed into a human shape by now. Considering the increasing demand by the baby, the placenta becomes more permeable, that is, the filter inside the placenta becomes more liberal. That is the time when, infections in mother's blood find it easier to enter into the baby.

Last phase (last 12 weeks)

By this, time, the baby is more or less fully formed. Infection from mother can enter the baby at this time also. It may be born with the infection, may be stunted in growth, may be born normal looking but develop defects later.

Sex during pregnancy

Sex does not interfere with the development of the baby. As new ovum production stops with the onset of pregnancy, further conception cannot occur. Sex beyond 7th month of pregnancy can be very uncomfortable to the mother.

Delivery

During delivery, the fully formed baby is expelled via the vagina by the uterus. To facilitate the passage of the baby, copious mucous secretions occur in the vagina. Any infection that might be present in this area can infect the baby's eye and throat.

Twins

Occasionally, instead of one, two ovum can be produced simultaneously by a woman. Fertilisation of both ovum can result in twins. Depending on the type of spermatazoa that



Symptoms of STD



fertilises them (X or Y) one of the twins can be male and the other female. or both can be of same gender (both males or both females). Such twins are not identical but are like any other brother and sister. Occasionally, a single fertilized ovum (after union with a spermatazoa) can split into two and each develop into a baby. Such twins are of same gender and are identical. (as shown in movies).

Sexually Transmitted Diseases

Sexually Transmitted Diseases are a group of diseases caused by different germs – (they are not a single disease). These germs that cause STD have certain common properties. (i.e.,) They cannot live outside the human body without the association of human body fluids. In other words they require the presence of blood, semen or genital secretions to live outside the human body. For comparison, we must understand that STD germs behave like 'fish'. Fish cannot travel from one pond to another unless there is a canal connecting the two ponds with water flowing between them. Otherwise they have to be transported in a bucket of water to the other pond. Similarly, germs causing STD require such 'exchange' of body fluids between two people. That is why they are not transmitted through air, water, mosquitoes, hand shake or through toilets. The only act during which exchange of body fluids occur is 'SEX'. Hence they are transmitted only through sex.

Because blood is a body fluid some of them are also transmitted through blood transfusion and through blood contaminated syringes and needles. (i.e., Syphilis, Hepatitis-B, etc). Also in some of these infections, the germs can pass through the placenta from an infected mother to her unborn baby. (Syphilis, Herpes, Hepatitis-B).

Types of Sexually Transmitted Diseases.

- SYPHILIS
- HERPES
- L.G.V.
- TRICHOMONIASIS
- MYCOPLASMA
- CHANCRON
- GONORRHOEA
- GENITAL WARTS
- CHLAMYDIA
- VENEREAL GRANULOMA

There are over 30 infections capable of getting transmitted through sex but these 10 are more common.

Early manifestation of STDs

Sexually Transmitted Diseases manifest usually in any one of the following forms.

1. Genital ulcer
2. Genital discharge
3. Inguinal bubo (swelling of the groin)
4. Painful scrotal swelling (in men only)
5. Lower abdominal pain (only in females)

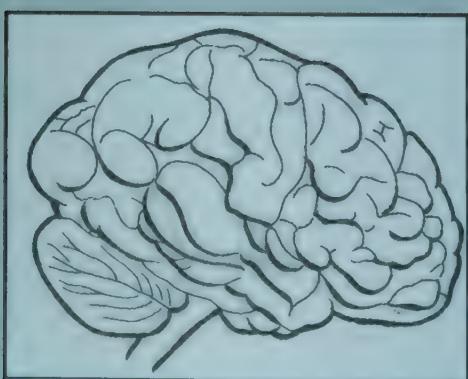
The male genitalia is hanging outside. Hence any problem in the male is easily seen and felt by the person concerned. In females, the genitalia is deep inside - hence any disease occurring there-in, can be missed or overlooked. That is why it is usually men who attend a hospital for STD rather than women. In fact,

'FOR EVERY MAN WHO HAS STD, THERE IS ATLEAST ONE WOMAN SUFFERING FROM IT SILENTLY'.

This fact should not be forgotten and every STD patient with a spouse or regular sex partner, should be advised to bring his/her partner also for simultaneous treatment, to avoid re-infection and later complication.

Late manifestation of STD (complication)

Untreated/under treated STD, exist in the body in a quieter form. Diseases like 'Syphilis' can cause damage to internal



organs like liver, bone, brain and heart. Diseases like Gonorrhoea and chlamydial infection can cause sterility in both men and women. Diseases like Venereal Granuloma and L.G.V. can cause destruction and distortion of the genitalia. Diseases like Syphilis, and Gonorrhoea can attack the baby during pregnancy or at the time of delivery.

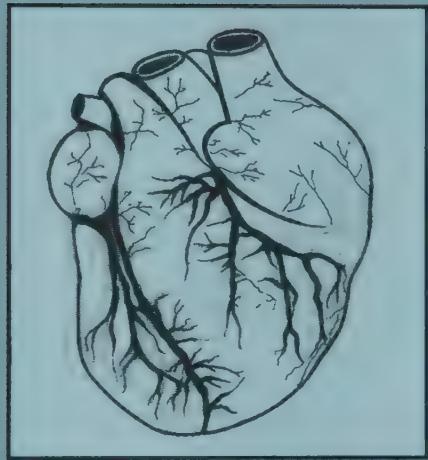
STD and HIV/AIDS

HIV – (Human Immuno Deficiency Virus) which is responsible for AIDS, also behaves very much like STD. This virus has very many similarities to germs that cause STD. But the presence of associated STD make it easier for this virus to get transmitted from one person to another. Hence, wherever STD are highly prevalent, HIV also follows it.

Studies have clearly indicated that 10% of patients attending STD clinic have associated HIV infection also. Studies conducted by W.H.O. in TANZANIA (AFRICA) have shown that effective control of STD, reduce the spread of HIV by 40%. Thus, it becomes clear that STD act as a co-factor for HIV diseases.

Facts about STD

- STD are many. (Not a single disease)
- STD are caused by germs that are transmitted from person to person during sex. (They are not due to body heat or cold)
- Sex during menstruation is not a cause for STD (unless one of the partners has STD).
- STD affect both men and women. In women they are not visible easily.
- STD are not spread by touching, coughing, eating together, sharing public toilets or by mosquitoes.
- Both homosexuals and heterosexuals can acquire and transmit STD. (Homosexuals carry higher risk due to injury they sustain during their sex practices).



- STD can affect the unborn baby and kill it or blind it or make it mentally retarded.
- All STD cannot be diagnosed by a blood test. Only by examining the patient by a doctor, STD can be diagnosed or ruled out.
- All STD are not cured by Penicillin. Again, the dose of penicillin required for some of the STD is very high and untrained doctors do not know this.
- Treatment with tablets/capsules for most of the STD will have to be taken for 10 days or more. They should not be stopped in between.
- Both husband and wife to be treated simultaneously.
- STD spread from man to woman more readily than from woman to man. (During sex, man's genitalia is inside the woman only for a few minutes. But the semen discharged from man remains inside the woman for 2 days).
- Condom prevents STD effectively.

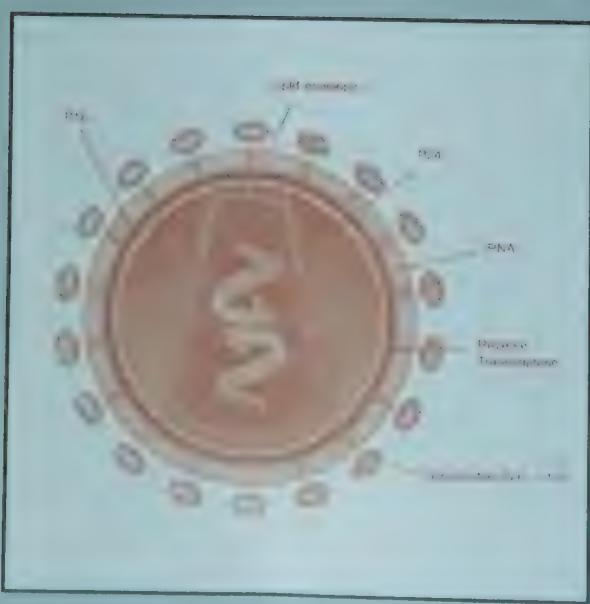
HIV/AIDS

AIDS – Acquired Immuno Deficiency Syndrome – is a killer disease. Other diseases, like TB, diarrhoea or malaria, are also life threatening diseases but these are curable and can be prevented. There is no cure for AIDS, as of now and the only remedy is prevention.

HIV

AIDS is caused by a virus known as HIV - Human Immuno Deficiency Virus - which is lethal. The HIV virus is tiny, much smaller than a hair, and looks more like a sunflower in full bloom.

Viruses cannot multiply on their own. They merely reproduce themselves by latching on to the genetic materials of the host cells. This is what the HIV virus does. It enters the blood stream of the host, attaches itself to the white blood cells and then tends to reproduce itself by integrating into the genetic material of these cells.



Out of every 100 adults in Tamil Nadu, 10 have STD. And one is affected by HIV.



● STD affected ● HIV infected



What will happen if this continues?

- Many adult men and women will die
- Many children will become orphans
- Burden will be on older people and
- Economy will be affected

The virus, on entry into the human body, tends to impair the immune system, which is the body's main defence/resistance mechanism against invaders. White blood cells are the soldiers that fight against infection in the human body and HIV disables or destroys these white blood cells. When this Immune system is damaged, infectious organisms enter the human body unchallenged. This results in opportunistic infections of different kinds finally resulting in the death of the AIDS patient.

The danger is that the HIV virus may be reproducing itself so slowly in the early stages that the immune system may not recognise it for long. The period from infection to development of AIDS is long. There may be no signs or symptoms of AIDS disease for even upto 10 years though the patient is in a HIV Positive status and can infect others. After this period, signs and symptoms of the disease may manifest with immunological paralysis and death.

The socio-economic impact of the disease is serious. Since HIV/AIDS affects mostly young adults and people in the early middle age, this has a serious implication on the nation's productive population. Equally serious is the effect on the family and society.

HIV is transmitted through :

Transmission route

- Sexual intercourse with an infected person
- Infusion of contaminated blood or blood products
- Use of unsterilised needles, by IV drug users and others
- Use of unsterilised instrument for cultural marking, ear - piercing and circumcision, infected razor/ blade.
- Infected mother to child during pregnancy, at delivery or after birth

AIDS can spread through



Unprotected sex



HIV infected mother to child



Transfusion of
HIV-infected blood

AIDS will not spread through



Hugging



Shaking Hands

HIV does not spread through:

- Shaking hands, hugging or sharing same toilet, office or swimming pools
- Bites of mosquitoes and other insects
- Sharing of clothes, food, glasses, spoons or plates.

Signs/symptoms

Transmission occurs through contact with body fluids, like semen, vaginal fluids and blood.

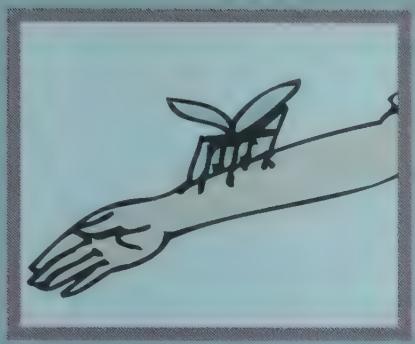
AIDS does not manifest any signs but diseases which make entry because of the diminished immunity only manifest as AIDS. These diseases are called opportunistic infections, since the organisms take the opportunity for entry into the HIV infected person's body when his body resistance mechanisms are low.

Tuberculosis is the most common opportunistic infection present in AIDS patients. With HIV infection, tuberculosis cases reportedly increase in a population, as the suppressed immunity allows latent TB infection to become active and those just infected become diseased. A pandemic of tuberculosis reportedly parallels HIV/AIDS pandemic. Neurologic symptoms also commonly occur during the course of AIDS disease.

Some of the common complaints of AIDS patients are painless swollen glands usually in the neck or armpits which last for at least three months or infections like oral thrush (candidiasis), Herpes Zoster (Shingles) or genital herpes which are recurrent. Weight loss, fatigue and intermittent fever are also common in AIDS.

Persistent diarrhoea or pneumonia which do not respond to treatment are also possible manifestations of AIDS.

Some of these symptoms are common to other illnesses also and may be found in patients without HIV infection as well. But persistent presence of several of these symptoms is a



Mosquitoes bites

pointer to possibility of AIDS development and calls for clinical examination.

Blood tests for antibodies help in diagnosing HIV infection – screening through ELISA and confirmation through Western Blot. Three consecutive ELISA positives also confirm HIV infection.

Role of condom

Men trying to wear a condom without prior training can become anxious when the condom does not fit properly. This anxiety can spoil their sexual arousal (LIMBIC SYSTEM) and their erection may fail. They may attribute this to condom and hate to use them in future.

Hence condom promotion should include demonstration of condom. Condom protects male from female, female from male and male from male (among monosexuals).

Female condom:

Female condom (Fendome, Femidome) are under trial. They give the woman the freedom to use condom (she does not have to beg the man to wear it or put it on to him). A study conducted in 'Philippines' showed that most men did not notice the difference when their woman were using Femidomes.

Problems with Femidomes:

- 20 to 30 times costlier than male condom.
- If not properly worn, they get pushed into the vagina by the male – thus loosing their protective role.
- Sex workers in Philippines tend to reuse the femidome due to cost factor. It still protected them but the subsequent clients were exposed to semen left by the previous clients.

PRODUCT KNOWLEDGE

INTRODUCTION

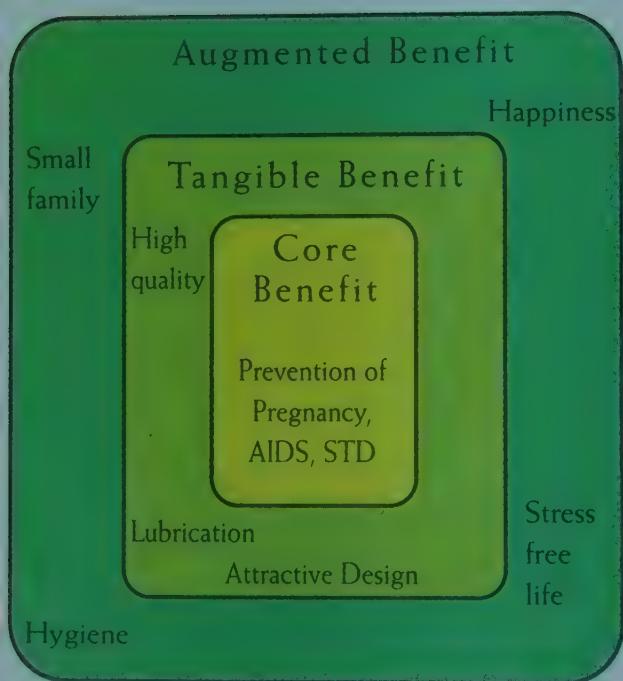
The initial sections of the module gives the reader a brief idea on the designing of a social product, types of social products, positioning the social product, segmentation and targeting. The later portion of the module gives an insight to the reader on the history of condoms, the stages involved in the production of a condom, quality adherence, brands, features and positioning strategies, adopted by the condom manufacturers.

Social Product

A product is anything that can be offered to a market for attention, acquisition, use or consumption. Any product will have three levels, of benefit. The most fundamental level is the core product. This answers the question as to what the buyer is really buying the product for. This is the direct or main benefits a person derives. The marketer has to uncover the needs hiding under every product and market the benefits. The social marketer has to convert the core product into a tangible product which has 5 main characteristics: Quality, features, styling, a brand name and packaging and finally may offer additional services and benefits that are intangible and make up an augmented product, eg., small happy family and stress free life are the augmented product.

Designing the social product

Designing the social product is the foundation on which all the elements of the marketing mix are built. Designing and developing a social product entails primarily, identifying the needs of target adopters. Social marketers should aim to develop USP's (Unique Selling Proposition) that would satisfy the needs of the target adopters better than those that



Social Product



are available. The tasks are two fold, to identify the distinctive needs of target adopters that a specific social product can satisfy and, to determine how to present the defined product effectively to the target adopters. The second task involves positioning the product, dressing it up and positioning effectively the social marketing campaign and programme.

Social marketers typically find themselves in one of three situations.

- They may offer a social product that satisfies a need that no other product is currently satisfying.
- They may offer a social product that satisfies a need that other products are addressing but that satisfies it better.
- They may offer a product that cannot satisfy a need that target adopters currently perceive or have but that nevertheless addresses a real underlying need of people.

Among those three, type 1 is the least difficult, while type 3 is the hardest to market.

Positioning

The concept of positioning in the social product involves adding value of the social products and promoting the same through an emotional appeal. Positioning is a technique adopted by social marketers to create an image in the minds of the prospective user about the product idea/service. For example, 1) A family with an umbrella was positioned to show the benefits of a small family 2) Campaigns on every day an egg for nutrition and health etc.

Segmentation of the social product

The market consists of heterogeneous groups consisting of a number of variables. The social marketer segregates them into several groups that are homogeneous in nature, eg., sex workers of a particular area, users of condoms of the age

group 20 to 35, migrant workers, occasional condom users , regular condom users etc.

History of condoms

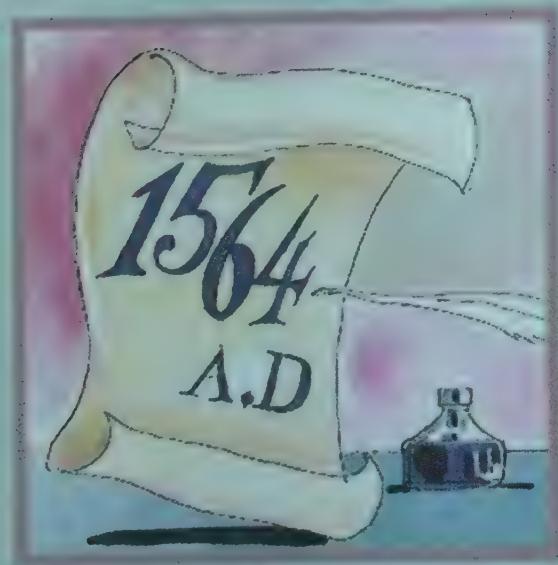
Condom is a piece of rubber which can prevent millions of births and save millions of lives. The date of birth of the real condom is indicated as 1564 A.D., when Italian anatomist Fallopius manufactured a sheath of linen cloth. It was held on by a pink ribbon so that it would appeal to women. They were actually used to prevent spread of venereal diseases, syphilis in particular. Men hated them and gave them the name overcoat.

It is understood that condom is named after English physician Condon who was the court physician of English King Charles II. (1630-1685). Condon came up with an oiled sheath made from sheep intestine. The sheath was accepted well but still ended up in getting the disease, since the sheath was reused in many cases even without washing. In 1930's, the modern style condom was mass produced with the invention of vulcanised rubber.

Condom manufacturers in India

In India, condoms are manufactured by six leading companies, (TTK-LIG, J.K. Ansell Limited. Hindustan Latex Limited. Polar Latex Limited, Pasupathi Latex and Suretex Limited). The total production capacity of all these manufacturers put together makes India as one of the largest condom manufacturers in the world. It is estimated that totally 2400 million condoms are produced by the six companies put together.

Condoms manufactured in India are exported to more than 150 countries throughout the world, which highlights the quality of Indian condoms.



Condom Manufacturer	Plant Location	Estimated Capacity
TTK-LIG Ltd..	Virudunagar & Chennai	1500 M.Pc's
Hindustan Latex Ltd.	Trivandrum & Belgaum	600 M.Pc's
J.K. Ansell Ltd.	Aurangabad	250 M.Pc's
Polar Latex Ltd.	Balasore	250 M.Pc's
Suretex Latex Ltd.	Bangalore	150 M.Pc's
Pasupathy Latex	Calcutta	150 M.Pc's

Condom Manufacturing Process

- Compounding
- Moulding
- Vulcanising

Condom manufacturing process

Condom is a cylindrical sheath made out of latex rubber with opening on one side. A condom when unrolled over an erect penis prevents the ejaculated sperms from entering the vagina thereby preventing conception. It is also used to prevent oneself from getting infected by sexually transmitted diseases.

Condoms are manufactured using the best quality natural latex obtained from rubber plantations. The final condom passes through various stages and the total process involves 3 major stages.

The first stage of manufacturing involves compounding the raw latex, by adding chemicals. This is done to obtain the latex of required density. In case of coloured condoms the desired colour is added at this stage. The second stage is to mould the compounded latex in the form of condoms. This is done by dipping the glass moulds slowly in the latex. The moulds are then dried and again dipped in the latex. This prevents the likelihood of pin holes in the condoms. The third stage involves vulcanising the condom so that it does not become brittle. After this process the condom is ready and undergoes testing before it is packed and distributed to the market.

Quality Tests

The quality of condoms is of crucial importance and has to meet the specifications of the Schedule R of the Indian Drugs and Cosmetics Act. The quality tests conducted by the condom manufacturers are:

Electronic testing

Each and every condom is tested to ensure that there are no pin holes in the condoms. Each condom is rolled onto a tubular metal electrode (which are similar to the glass moulds used in manufacturing). The condoms are then dipped into an



Air Inflation Test



electrolyte solution. In case of a pinhole the circuit is completed thereby identifying the condom with a pinhole, which is automatically rejected and unrolled into a separate bin.

Other tests done on a condom

Apart from electronic testing, other tests are also done to ensure that a faulty batch is not released in the market.

Air Inflation Test

The condom is inflated to a diameter of 150 mm. It is then visually examined for pinholes and presence of foreign matter.

Water Leakage Test

50 ml of water is poured into the condom and the teat end is gently squeezed for visual evidence of leakage. In case there is no leakage, 250ml of water is poured and the condom is suspended for 3 minutes.

Water Leakage Test



Tensile strength

This is done to test the tensile strength, elongation and tension test so as to ensure that the latex used in the condom is of good quality and will not rupture.

While electronic testing is done on all condoms, the above tests are undertaken on limited number of condoms randomly selected from each batch. In case the number of rejects exceed the limits, the entire batch is rejected.

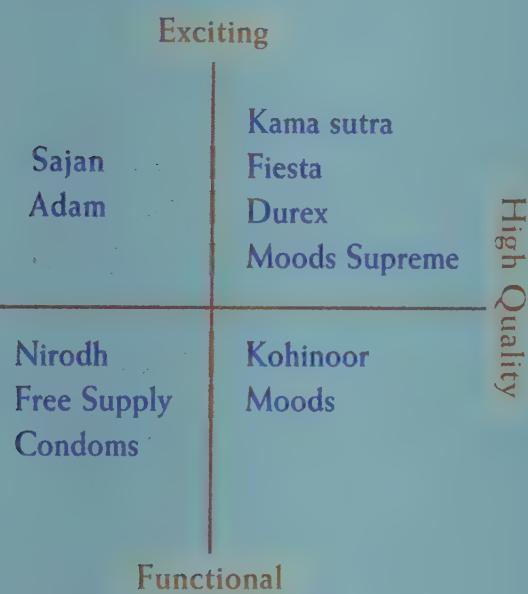
Study commissioned by APAC

The AIDS Prevention And Control Project, has conducted a study on the quality of condoms that are available in the state of Tamil Nadu. The uniqueness of the study was that, quality of condoms from the point of purchase / procurement (retail outlets and government hospitals) was analysed, unlike the usual process of testing the condoms from a few batches picked up from point of manufacture.



The condoms were sent to two internationally accredited laboratories for testing as per WHO specifications. A total of 21,000 pieces of condoms picked up from different geographical locations and different types of outlets were segregated into odd and even pieces and sent to the labs. The findings of the labs indicate that the quality of Indian condoms are of good quality and complied to specifications. In the areas of packaging and lubrication scope for improvement was suggested.

PERCEPTION MAPPING



Branding and positioning of strategies

Branding

The selection of a proper brand is the first major step in managing a product. The branding of a product is like naming a new born child. A brand name could be a word, term, sign, symbol or design or a combination of them, intended to identify the goods or services of one seller or group of sellers and to differentiate them from those of competitors, eg., Kohinoor, Moods, Kama Sutra are words.

A brand name may manipulate the buyer's perception about the product. Brand names are often useful in establishing an overall product concept. Occasionally a brand name becomes the generic name of the product, eg., Nirodh is a brand name but has almost become a generic name of the product, particularly in semi-urban and rural markets of India.

Positioning a brand as purely disease preventive

The term positioning indicates the place a brand or product occupies in the minds of a given target audience. Positioning is a conscious attempt on the part of the marketer to emphasise a distinct identity of a particular product / brand over competing products / brands. Each brand promises the customer a rational benefit and psychological benefit.

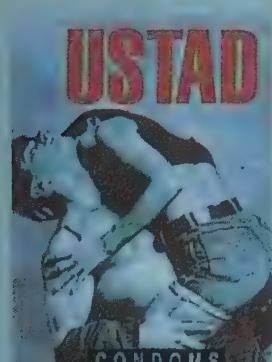
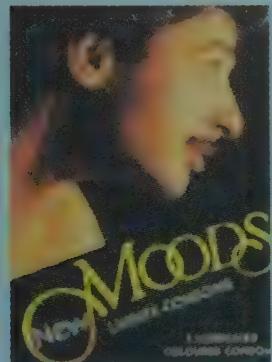
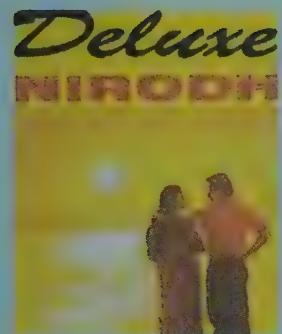
Despite the fact that condoms, if correctly and consistently used prevent the spread of STDs including HIV, no

manufacturer has positioned their current brand of condom as a disease preventive. This is due to the fact that the manufacturers fear that the image confusion for their brand might affect the sale of condoms to family planning segments, particularly in urban areas and high income groups.

For example if a particular brand of condom is going to be positioned only as a disease preventive, then the sales of the brand will dip the moment there is a medicine or alternate preventive aid developed for the disease. Similarly there will be few persons who will be willing to openly purchase a brand that has been positioned for disease prevention. In this regard the dual protection benefit of the product has to be highlighted carefully.

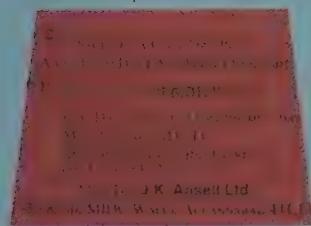
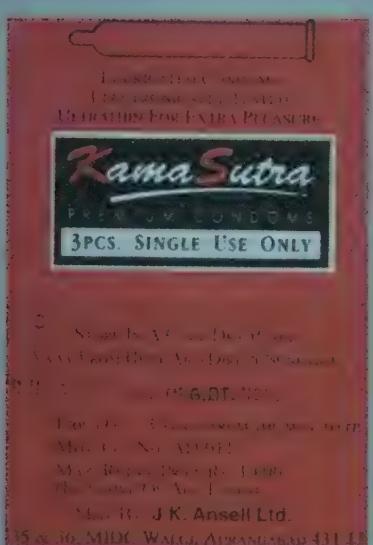
Condoms are made available in different brands, by both the condom manufacturers and the Government. The strategies adopted by the condom manufacturers to position their brands amongst the customers, by building images on the benefits associated with purchase and use of a specific brand, involves a lot of planning and creativity.

Different brands that are available and the positioning strategies adopted are given below:



Brand Name	Feature	Rational Benefit	Psychological Benefit
Nirodh	Lubricated, thin condoms	Quality condom at a low price easily available	Low priced Condom
Moods	Lubricated and thin condoms	A well packed quality condom	Confidence and status
Moods Supreme	Lubricated and dotted condoms	A well packed quality condom with pleasure enhancing features	Confidence and pleasure
Ustad	Lubricated and thin condoms	A well packed quality condom	Maschioism Reasonable price. Value for Money.
Kohinoor	Lubricated and	A well packed thin condoms	High quality. Spacing aid

Brand Name	Feature	Rational Benefit	Psychological Benefit	
	Kohinoor Fiesta	Lubricated, thin and coloured condoms	A well packed quality condoms in a variety of colours	High quality condoms, for young couples. Fun with colours.
	Durex	Lubricated thin condoms	A well packed quality condom	High quality premium condoms with an international image - aura of romance
	Kama sutra	Lubricated thin and featured condoms	A well packed quality condom with pleasure enhancing features	High quality condom to enhance pleasure. Sex accessory
	Mid Night Cow Boy	Lubricated and thin condoms	A well packed quality condom with additional protection	High quality double protection condoms enjoyment
	Sajan	Lubricated and thin condoms	A well packed quality condom	Masochism. Value for money



Packaging and price range of condoms

Any packaging must protect the contents against a range of potential contaminants and sources of damage, including heat, light, impact, compression, pests, bacteria, pilferage, air, water and harmful vapours or liquids. Packaging is one of the 'Cinderella' fields of marketing and can play a vital part in the success or failure of products. The design of packaging also plays a vital role as a branding tool.

The packaging of a product has both physical and psychological dimension. Physically the package contains and protects the product while allowing it to be stored and displayed safely and effectively. Psychologically packaging contributes to the differentiation, identification and promotion of a product by ensuring that it is distinctive and attractive and has shelf presence.

Primary pack – Single pieced condoms are packed in either squeeze or square type pack using aluminium / paper foils using a heat seal. Primary packaging comes into contact with the core product, keeping it safe and fresh.

Secondary pack – 3 or 4 such primary packed condoms are then packed in the wallet and 30 such wallets are put in a dispensary. Secondary packaging contains and presents wrapped core product.

Shipping pack/carton – Helps in the storage and transportation of the product, and is often discarded before the product reaches the customer.

Condoms are available in packs of different sizes to suit the convenience of the user. Condoms with 3,4,5,6,10, 15 & 20 pieces are the commonly available packs in India. Condoms manufacturers are also assessing the potential of marketing single piece packs.

Labelling – A label communicates to the user on the contents of the pack and great deal of information of the product which will be useful to the customer.

Pricing – Pricing is one of the important elements of the marketing strategy for a product. Pricing enables marketer to achieve his financial and marketing objectives. Moreover, it acts as a strong tool to influence market demand and react to competitive moves. To the customer, it expresses the symbolic value of the product, in particular where product quality cannot be easily judged. Different strategies are being adopted by the producers with regard to pricing a product which include: cost – plus pricing, penetration pricing, skimming pricing, competitive pricing, perceived value and psychological pricing, image pricing, base point pricing, F.O.B. pricing.

In India, condoms are available in different price ranges. One can get one pack of condoms for 0.50 paise to Rs.20/-.

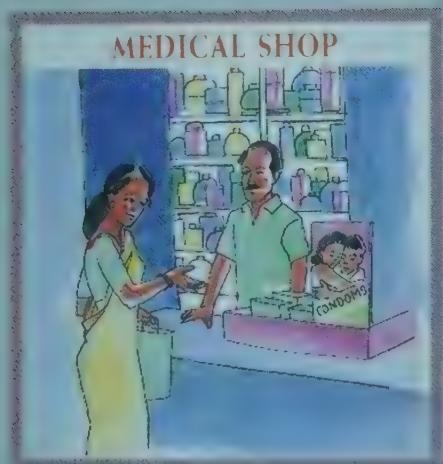
Retailers knowledge and attitude towards condom

Condoms being a low value product, indepth knowledge of the product amongst retailers is very low. In many cases the retailer does not know the right method of storing condoms and factors to be checked while dealing in condoms. There is low knowledge about the dual protection role of condoms, availability of different brands, product features etc. The retailers are also not in a position to identify and handle the customer needs, relating to condoms. The retailers attitude towards condoms is also affected due to the following reasons:

- Low turnover from the product.
- Perceived feeling that condom dealing will be a problem to family members who are managing the shop.
- Perceived feeling that there are problems to lady customers visiting outlets.

It is therefore very important that the social marketer has to brief the retailer on the importance of the above points and get their active involvement in condom promotion.

The social marketer has to highlight on the dual protection role of condoms to retailers.



ght method of storing condoms

Addressing the issue

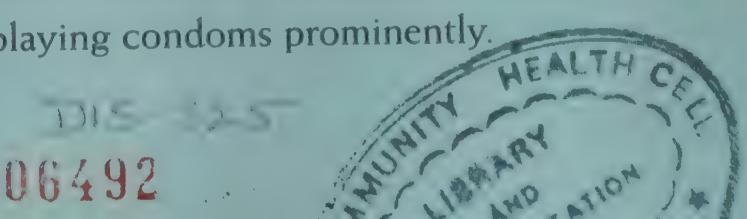
- Condoms have to be stored in a place where it is not exposed to extreme temperature. The condom packets should not be kept below any heavy objects.
- While dealing with condom the retailer has to ensure that condoms are stored properly and also procure and sell condoms only within the expiry date. Any visible damage of the packs should be returned to the manufacturer/ stockist. Similarly if the outer pack has any oil seepage the condoms have to be retuned to the manufacturer/ stockist.
- **Tips on condom storage**
 - Store in a cool, dry place, away from direct sunlight. Otherwise, the lubrication may dry off
 - Keep away from moisture, as fungus can attack the pack
 - Don't stack heavy articles over the condom packs.
- Some retailers feel that condoms are associated with promiscuity and is meant for preventing STD. This has resulted in some of them having an adverse opinion about the product.
- The social marketer has to highlight on the dual protection role of condoms to such retailers.
- Many of the retailers think condoms are plain and dry.
- Retailers need to be informed on the different features and brands of condoms to change their current knowledge of condoms.
- Retailers need to be informed on the issues facing a customer while purchasing condoms. This would help them in developing a positive attitude and help customers by asking them voluntarily or setting up a conducive atmosphere at the outlet by displaying condoms prominently.

knowledge on dual protection

fferent brands and features

available in the condoms

ight on customer's problems



Addressing the issue

Issue

Low turnover

- Though condom is a low value product an average of Rs.300 to Rs.500 worth of condoms can be retailed during a month, which would help the retailer in meeting a portion of his business expenses.
- In addition to the nominal margin a retailer gets from dealing with condoms, the social marketer should stress on the social obligations and benefits of the retailer in dealing with condoms.
- Also there are different schemes being operated by condom manufacturers which will provide attractive incentives to the retailers promoting condoms

Problem to family members

- Some retailers have a feeling that dealing with condoms will be a problem to their family members (wife, son, daughter) who manage the shop during the absence of the retailer.
- The social marketer should impress on the retailer that such thinking is untrue and can also quote examples of other personal products being distributed by women, eg., men buying undergarments from ladies in a garment shop or purchase of sanitary napkins by a man in a general store do not cause any embarrassment or inconvenience to both the buyer and the person.

Problem to lady customers

- Social marketer has to impress on the retailers that this is untrue and that ladies not only visit one retail outlet but visit many other retail outlets and if such a problem would have come it would have been known by now.
- Prominent display may also motivate women to buy it along with a rest of the shopping list.

Addressing the issue

sue

w confidence on the product

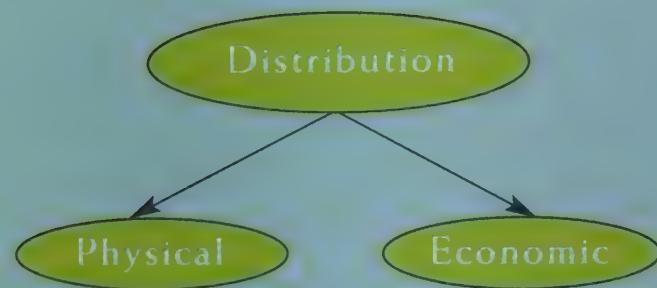
- Customer's knowledge on different brands features, availability points, factors that affect quality and right method of using and disposal of condoms is very low.
- The social marketer has to inform the target audience which he intervenes on the above factors which will in turn provide a positive impact on the product.
- Social marketer has also to highlight to the user the difference between product failure and user failure and the factors to be checked, while purchasing a condom (date of expiry, pack condition etc.)

Product failure – The product has failed despite the user using it correctly. **User failure** – The condom failed due to the incorrect usage of the person.

DISTRIBUTION

INTRODUCTION

In this module distribution, components of distribution and condom distributions are presented to the reader. Distribution is a set of independent organisation/ individuals involved in the process of making a product or service available for use or consumption by the consumer.



The channels of distribution that are used can be viewed from physical and from an economic perspective. In physical terms, distribution deals with the logistical challenge of getting the product to the consumer. In economic terms, distribution is concerned with developing and managing a channel structure which in addition to supporting the physical distribution of goods is capable of handling the exchanges of information, money and ownership that marketing relies upon.

Why do we need a distribution system?

The need for distribution arises because the product has to move to the customer in the right quantity at a specific time and at the particular place. The need for intermediaries in the delivery of goods is required since in many cases the producer would not be in a position to supply to all segments of customers, for reasons due to convenience, cost and restrictions.

In physical distribution there are three effective ways in which products and customers can be brought together to effect the delivery of the product or service.

- To bring the customer to the product, eg., a customer going to a shop – photo copying and public telephone. Education, tourism, medical services also fall in this category.

Types of Distribution

- **Intensive**
- **Selective**
- **Exclusive**

- To bring the product to the customer, eg., postal delivery of products, courier services, news papers, Eureka Forbes etc.,
- A variety of channel structures which allow the customer and the product to meet halfway, at a location where a convenient variety of products is available within easy reach of the customer, eg., chocolate/ condoms.

Similarly services cannot be stored, in the service sector the choice is a simpler one between the customer going to the service provider or the customer having the service delivered to his or her door. A customer can visit a bank or indulge in home banking.

Types of distribution

Intensive distribution

In intensive distribution the product is distributed through many channels and outlets. The method is referred to as maximum expansion. The method is adopted in the case of convenience goods such as cigarettes, sweets, condoms, etc.

Selective distribution

In selective distribution a manufacturer selects a limited number of channels or retail distributors and works closely with them to further the sale of the products. Selective distribution is suitable in the case of shopping goods which carry a higher unit price and which are not purchased as frequently as convenience goods. Goods which require after sales service are often distributed through selective distribution, eg., washing machines, typewriters, etc. are generally sold under this method.

Exclusive Distribution

This refers to the practice of selecting and giving an exclusive product/area of operation to the channel

member (distributor). The distributor agrees not to handle or deal in any competing product/area. It gives some sort of prestige to the products as having an exclusive dealer.

Components involved in distribution

Transportation

Transportation plays a critical role in ensuring the product reaching the outlets from the manufacturing point. Goods are transported through sea, rail, road and air based on the emergency of the product its size, and its shelf life. Condoms are normally transported through rail and road.

Speed

Yet another aspect of the distribution is the delivery of goods at the earliest possible time. In the case of perishable products like fruits, vegetables, eggs, etc. the products have to reach the ultimate consumer at the shortest possible time – even though they change many hands like cultivator to agents, agents to wholesalers, wholesalers to retailers and retailer to consumers. In the case of condoms, the wholesalers and retailers have to be conscious of the expiry dates, etc.

Time

Another important aspect of distribution is the supply of goods in time. To ensure the supply at the required time a good distribution planning is required. In the case of a product like condom, lack of supply of the product will result in direct loss or sales since the consumer is not expected to delay the purchase.

Storing facilities

Distribution includes warehousing activity also, as the products have to reach the ultimate user without any damage/breakage/pilferage enroute. The type of warehousing facilities required would depend on the



nature of the product. For instance, certain life saving drugs needs to be stored at cold temperatures and as such the warehouse may have to be air-conditioned.

Risk coverage

While distributing goods a lot of unforeseen eventualities like pilferage, wastage, damages, etc. can possibly occur due to the long distance travels. It is therefore very important to take sufficient safety preventive insurance coverage for the loss arising only from such eventualities.

Channels of distribution

Channel of distribution are the means employed by manufacturers and sellers to get their products to the market and into the hands of users. Channels vary in a variety of respects including their geographic coverage, the nature of product/service, number and variety of intermediaries used, the degree of independence that intermediaries have from suppliers and the degree of specialisation among intermediaries.

There is a wide variety of channels through which a product can be physically delivered to the customer, from hyper markets to vending machines. Mail order, home shopping, are ways of distribution (channel) that have been increasing phenomenally in the recent years.

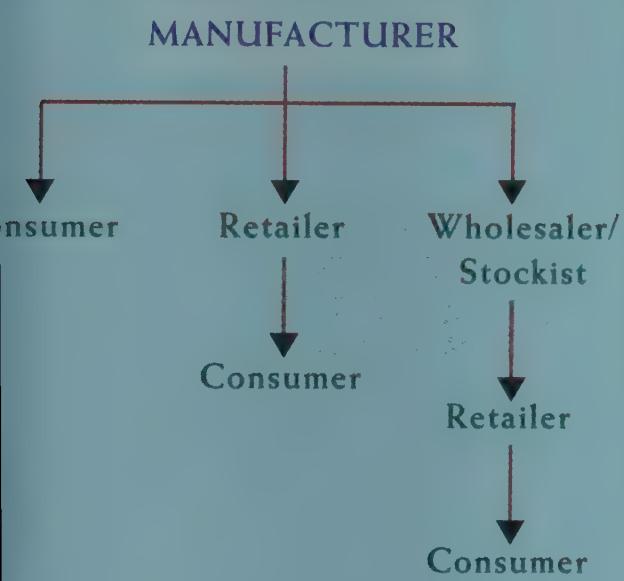
C & F Agent

'Level within trade channel, undertaking operations such as warehousing, banking and matters such as sales tax etc.' These activities are entrusted to private parties. If the above operation is undertaken by the manufacturing company itself then it is called a company depot.

Distributor/Stockist

'Level of trade channel undertaking distribution of company's product to all the dealers (wholesalers and retailers) within specified area'.

DIFFERENT LEVEL CHANNELS



Wholesaler

'Level of trade channel who deals in a particular product manufactured by several companies, purchasing them in bulk and selling them to retailers'.

Retailers

'A level of trade channel who deals in products manufactured by several companies and meets the need of the consumers'.

Functions of channel members

A marketing channel performs the work of moving goods from producers to consumers. It overcomes the major time, place and possession gaps that separate goods and services from those who would use them. The key functions performed by the channel members are :

Functions of channel members:

- Research
- Promotion
- Contact
- Matching
- Negotiation
- Distribution
- Financing
- Risk taking

Research : Gathering of information necessary for planning and facilitating exchange.

Promotion : Development and dissemination of persuasive communications about the offer.

Contact : Searching out and communicating with prospective buyers.

Matching : Shaping and fitting of the offer to buyer requirements.

Negotiation : Attempt to reach final agreement on price and other terms of the offer so that transfer of ownership or possession can be effected.

Distribution : Transporting and storing of goods.

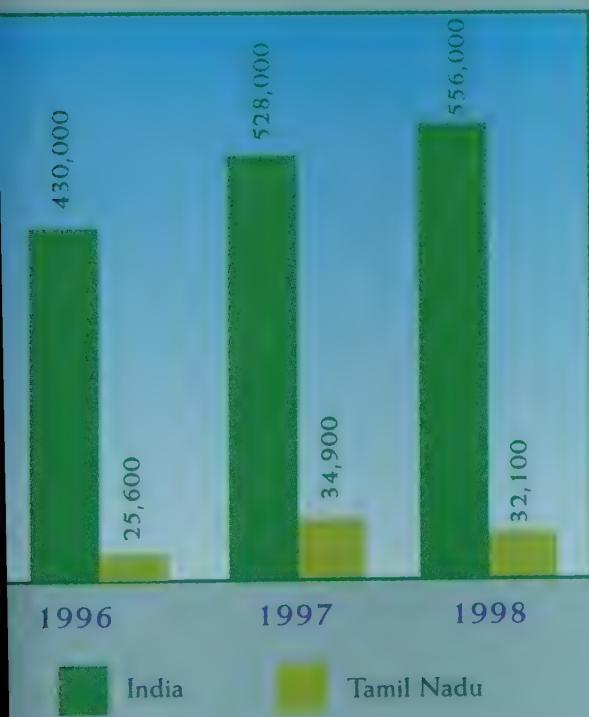
Financing : Acquisition and dispersal of funds to cover the cost of the channel work.

Risk taking : Assumption of risks in connection with carrying out the channel work.

Growth in condom sales



Number of condom selling outlets



Distribution and availability

Availability is an important factor of a company's channel structure and distribution arrangements. The most available as opposed to the best product will be the easiest to purchase. Its sales volume will therefore be high, and this success will ensure that retailers will continue to make it widely available.

Condom distribution in India

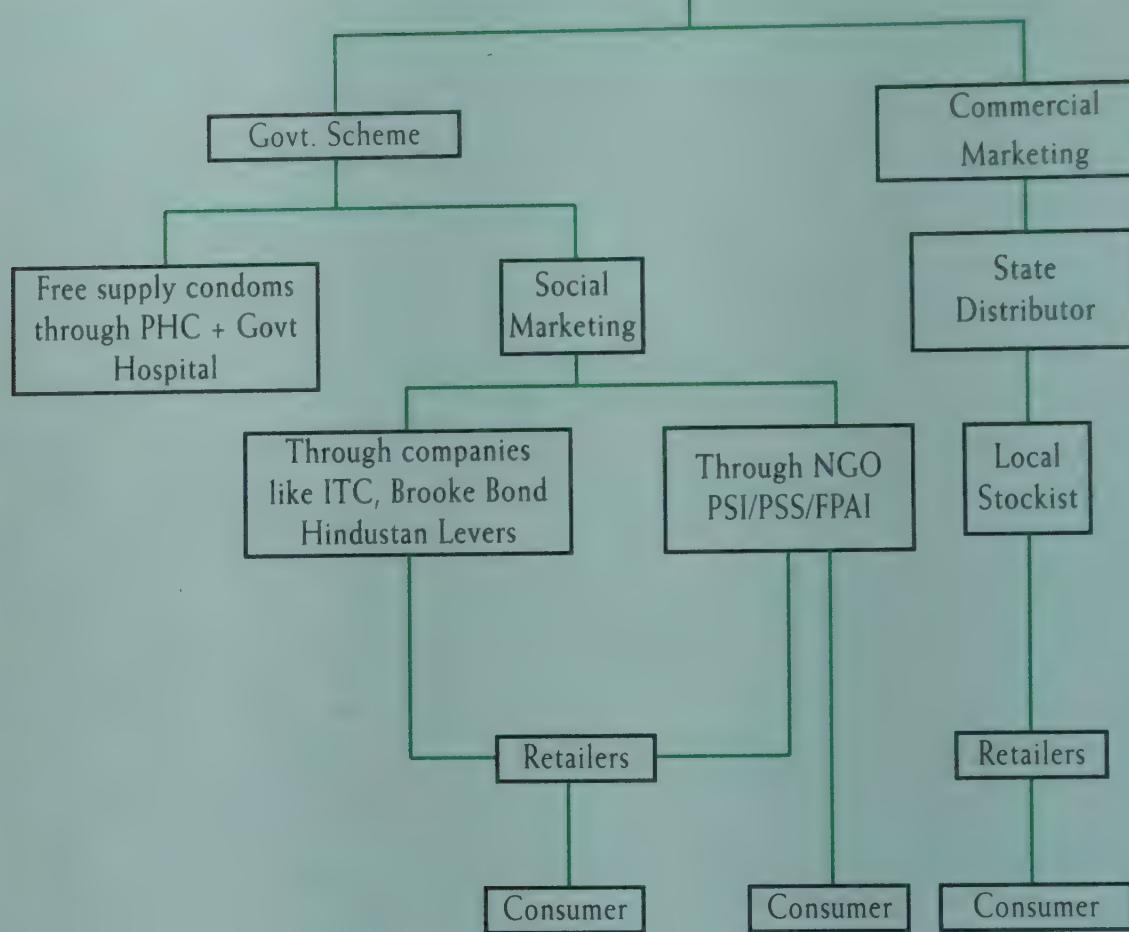
In India condoms are distributed both by the Government of India and the condom manufacturers. In the case of government distribution the government adopts two policies of distribution.

- Free supply distribution through Primary Health Centres (PHCs), Sub centres and government clinics.
- Social marketing of condoms through private marketing companies.

In the case of condom manufacturers they adopt a three tier distribution set up. The condoms produced at the manufacturing points are sent to state level distributors who distribute it to the district/town stockists and who in turn distribute it to the retail outlets.

A few NGOs are also involved in distributing their own brands. In such cases the NGO directly procures condoms from government at a subsidised/free price and distributes directly to the target audience or through retail outlets using their own mechanism.

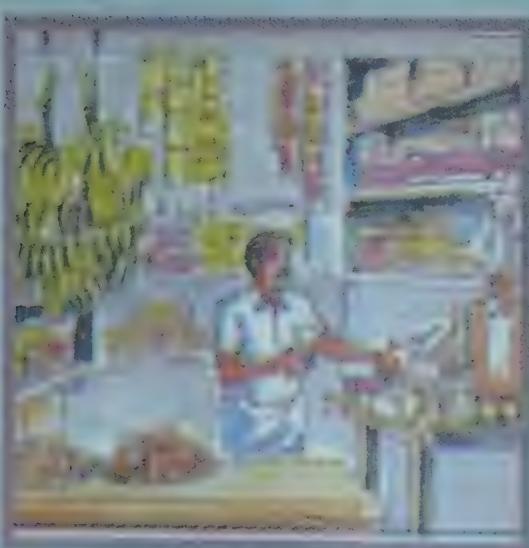
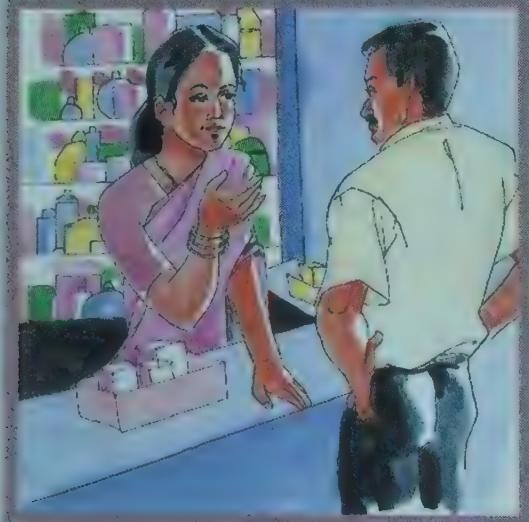
CONDOM DISTRIBUTION



Condom selling outlets

In India commercial condoms are predominantly sold through chemist outlets (traditional outlets). During earlier times when India Tobacco Company (ITC) was distributing the government subsidised Nirodh condoms, the product was widely available at the cigarette/beedi shops (petty shops). With ITC's withdrawal from condom distribution there was a huge gap in servicing to the cigarette/beedi outlets and only recently has the merchants taken an active role in placing condoms at the cigarette/beedi shops.

In addition to chemist and petty shops condoms are also distributed through departmental stores, general merchants and grocery shops (non-traditional outlets). Though the percentage of condom distributing outlets amongst the departmental/general merchants/grocers are low, it is slowly gaining momentum. In addition to these outlets potentiality of placing condoms in many



other types of outlets (like saloons, wine shops) that are convenient to the customers is being explored.

The retail outlets is the last member in the channel chain and the customer procures the product from the retail outlets. Effective servicing of the retail outlet is critical as stock out situation would result in either the customer shifting his loyalty to yet another retail outlet, shift in loyalty to an alternate brand or product, or even compromising or foregoing the use of the product.

Issues related to condom distribution

Issues related to condom distribution

Retailer

- Low turnover
- Stigma
- Perceived problems to family members
- Perceived problems to other customers

Normally retail outlets are covered periodically by the company salesmen. The stockist field force also services the outlets frequently to ensure the required stocks of a particular brand or product are available and prominently placed to catch the attention of the customer.

In India approximately 5 lakh retail outlets are selling condoms, and in Tamil Nadu nearly 35,000 outlets are distributing condoms. However, this is a very small percentage to the universe of outlets available. On an average 13,34,500 number of pieces of condoms are sold per day all over India and in Tamil Nadu nearly 75,000 pieces per day.

In addition to the condom manufacturers, NGOs are also actively involved in distribution of condoms by placing the condoms at strategically convenient points to the target audience (petrol bunks, lodges etc).

Though condoms have been distributed for the last 30 to 40 years, the product has gained significant importance only in recent years. The attitude of the retailers towards condoms have been unenthusiastic due to its turnover and stigma. Of late there is some change and the retailers have understood the significance of the product and have developed a positive attitude towards condoms and

STORAGE



display the products prominently at their outlets for a ease in purchase situation to their customers.

Stock holding :

The turnover on condoms sales is very low compared to the other products i.e. drugs and other items sold by the retailer. Hence there is hesitation among them to have sufficient stock equivalent to any other consumer products. This applies to the non-traditional outlet also. These outlets have to be serviced periodically mainly to ensure that the required inventory is kept to meet the consumer's demand.

Quality factors and storage pattern

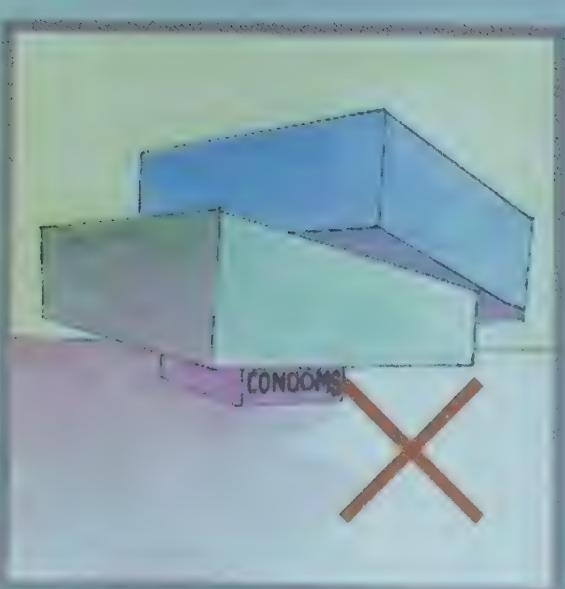
Many retailers are unaware about the right method of storing condoms and the quality factors to be checked while distributing condoms. Condoms are manufactured out of latex and the product has to be treated as any other perishable commodity. Condoms are not to be exposed in the sunlight or kept nearer to the fluorescent lamp. In other words, the condoms are to be kept away from heat as there are chances for quality deterioration. The retailers have to be educated on storage so that the consumer can get the quality condoms.

Other factors :

Factors such as religious taboos, family member managing the outlets, fear of police etc. are also some of the reasons cited by the retailers for not dealing/distributing condoms .

Lack of interest by stockist to service outlets :

In the commercial condom distribution channel, the stockist plays a vital role between the company and the retailer. The stockists invests money on the products and earn margins. They also extend credit to the retailers and if they don't receive payment from the retailers in time,



they find it difficult in servicing those outlets. Hence, in such cases the stockist will be concentrating more on servicing those outlets who pay in time. This will result in poor distribution of condoms. The stockists also do not give services to those outlets which are situated in a scattered manner outside the town limit because of the distance and time consumption.

Role of NGOs

It is very important to ensure that condoms are widely distributed in the NGO intervention areas. This is primarily because the NGO intervenes with people who are involved in high risk sexual activity and providing them knowledge on condoms and ensuring availability of condoms. This will enable them to meet the objectives in total. There are instances where the condom manufacturers/stockists do not service the outlets which the NGO frequents due to the following reasons.

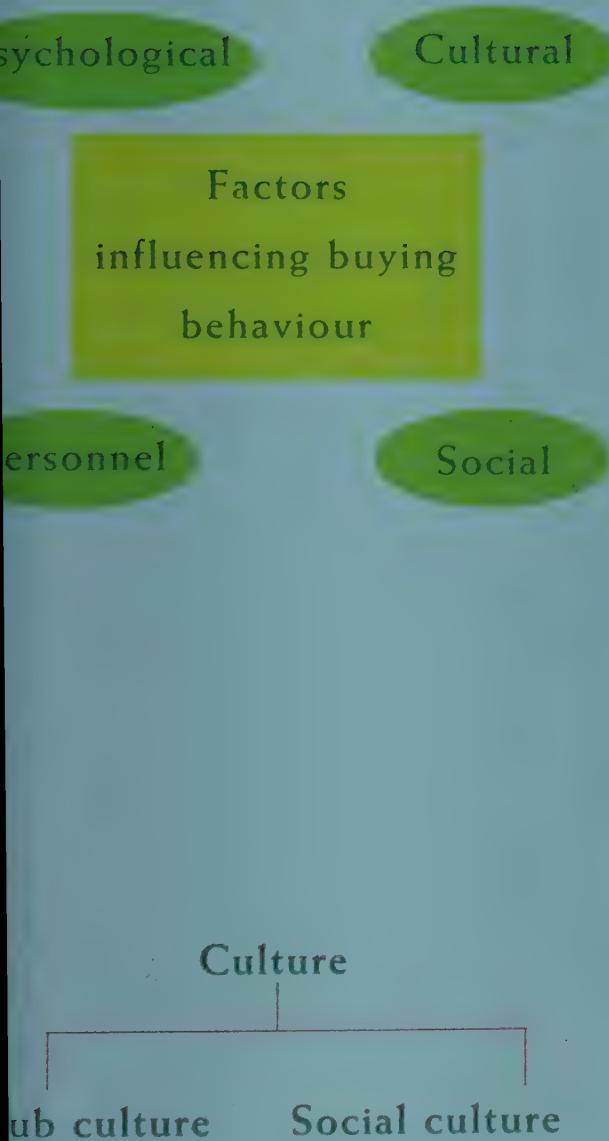
- The distance from the outlets to the NGO intervention outlets being very far.
- The off-take at these outlets are low which makes them commercially not viable.
- The outlets may not be known to the stockist and due to fear of collection may not be serviced.
- The stockist may feel that some of the outlets are not potential outlets. For example, dhabas, wine shops etc., and restrict the operations to only medical and petty shops.

The NGO has to play a catalyst role amongst the stockists and the outlets at the intervention sites. The roles which the NGO can provide in ensuring the distribution of condoms at the outlets are given below :

- Provide insight to the retailers on the importance of distributing condoms and create an interest among them.
- Clear the retailer's doubts related to the product.
- Liaise with the stockist/condom manufacturers to service the outlets regularly at periodic intervals.
- To make condoms available at the outlets at the required quantity and not to over supply to the outlets
- Inform the target audiences on the outlets from where they can procure the condoms.
- Motivate the retailers to prominently place the condoms at the outlet.
- To provide information to the retailers on the different features and brands of condoms available, give them confidence, on the quality of condoms manufactured in India and provide them with skills to properly store condoms and for checking factors that could affect the quality of condoms.
- NGOs can also act as temporary depot holders and market the condom to target customers directly. The NGOs can also undertake certain events at their intervention points/outlets at the intervention sites to indicate to the target audience the product availability and stimulate their interest.
- To motivate the retailers towards placement of condoms/POP materials on condoms prominently at the outlets.

CONDOM USER BEHAVIOUR

INTRODUCTION



The module aims to provide the reader with an insight on the need for understanding user behaviour, models of consumer behaviour, major factors influencing consumer behaviour, the buying decision process and the factors that influence a person in condom usage.

Understanding user behaviour

Understanding the user behaviour of the target audience is the essential task of social marketer as the aim of marketing is to meet and satisfy, target customers needs and wants. The field of consumer behaviour studies, show how individuals, groups and organisations, select but use and dispose of goods, services, ideas or experiences to satisfy their needs and desires. Compared to other social goods, the purchasing behaviour of condom is entirely different, because it is a sensitive item.

Major factors influencing buying behaviour

The different factors influencing a person's buying behaviour are as follows:

Cultural factors:

Cultural factors exert the broadest and deepest influence on consumer behaviour. The roles played by the buyer's culture, subculture and social class are particularly important.

Culture is the most fundamental determinant of a person's wants and behaviour, the growing preferences and behaviours through his or her family and other key Institutions. For example, children born and brought up in

Social Factors

- Groups
- Family
- Roles
- Status

USA are likely to have a different culture and life style from an Indian child in terms of values, comfort, freedom and independence.

Each culture consists of smaller subculture that provide more specific identification and socialisation for its members. Subcultures include nationalities, religions, social groups and geographical regions. Many subcultures make up important market segments and marketers often design products and marketing programmes tailored to their needs. Virtually all human societies exhibit social stratification. More frequently stratification takes the form of social class.

Social classes are relatively homogeneous and enduring divisions in a society which are hierarchically ordered and whose members share similar values, interests and behaviour.

Social factors group family roles and statuses

Different Groups

- Reference
- Membership
- Primary
- Secondary
- Aspirational

Social classes do not reflect income alone but also other indicators such as occupation, education and area of residence. Social classes differ in their dress, speech patterns, recreational preferences and many other characteristics. Social classes show distinct product and brand preferences in many areas, including clothing, home furnishings, leisure activities and automobiles. Some marketers focus their efforts on specific social classes.

Condom usage is influenced by cultural, educational and economic factors, eg., individuals with higher literacy levels and income use condoms more frequently than people with low literacy rates and income levels.

Social factors:

In addition to cultural factors, a consumer's behaviour is influenced by social factors such as group influence, family, roles and statuses. Group influence is strong for products that are visible to others and whom the person interacts frequently. A person's behaviour is strongly influenced by many groups. The more cohesive the group the more effective is the communication process and the higher the person esteem the more influential it will be in shaping the person's product and brand choice.

Group

Groups can be divided into five. They are Reference group, Membership group, Primary group, Secondary group and Aspirational group.

Reference groups are those that have direct or indirect influence on the person's attitude or behaviour.

Membership groups are those groups where a person belongs, interacts and have a direct influence.

Primary groups are those which have a continuous interaction and informal contact with the family. (Family friends, co-workers etc.)

Secondary groups are more formal and have less interaction (religious organisation, trade unions etc.)

Aspirational groups are those groups in which an individual is not a member but to which would like to belong.

Family

The family influence on individual's decision is very strong and it has been researched extensively. The social marketer has to understand the roles and relative influence of the husband, wife, and children in the purchase/usage of variety of products and services. For



instance, purchase of a fridge or television would be influenced by family members liking, whereas buying of personal garments or footwear the family's influence would be low.

Roles and statuses

A person participates in many groups throughout life. (family, clubs and organisations). The person's position in each group can be defined in term of role and status she/he occupies. A role consists of the activities that a person is expected to perform, eg., as a parent, husband (or) wife, etc. Each role carries a status reflecting the general esteem accorded to it by society.

Product purchases are influenced by the roles one performs in the society, for instance, the Managing Director of a company may have to purchase luxury car for means of transportation as against the scooter to maintain certain status symbols.

Condom usage is also influenced by group, peer pressure amongst certain category of individuals (truckers). Also individuals today want to fall in the group of people having a small family, and perceive it as a status symbol/symbol of prosperity.

Personal factors:

A buyer's decisions are also influenced by personal characteristics. These include the buyer's age and stage in the life cycle, occupation, economic circumstances, life style and personality and self-concept. People buy different goods and services over their life time. For example, medicines, clothes, food, razors, condoms etc. are purchased/consumed during various life cycle stages at different frequency. Marketers try to identify the occupational groups that have above average interest in their product and services. A company can even specialise

Personal Factors:

- Age and lifecycle
- Occupation
- Economic
- Lifestyles
- Personality

its products for certain occupational groups (example stethoscopes). Product choice is greatly affected by one's economic circumstances. If a person has enough spendable income, saving or borrowing power and prefers spending to saving. It also influences the purchase process.

A person's life style is the person's pattern of living in the world as expressed in the person's activities, interests and opinions. (People coming from the same culture social class and even occupation may have different life styles). Purchase and use of certain brands of condoms to indicate their belonging to certain category of lifestyles and personality are well known.

Psychological Factors

- Motivation
- Perception
- Learning
- Attitude

Psychological factors

A person's buying choices are influenced by four major psychological factors. Motive, Perception, Learning and Attitude.

- Motive is a need that is sufficiently pressing to drive the person to act. Satisfying the need reduces the felt tension.
- Perception is the process by which an individual selects, organises and interprets information inputs, to create a meaningful picture of the world. A motivated person is ready to act. How the motivated person act is influenced by his or her perception of the situation.
- Learning involves changes in an individual's behaviour arising from experience. Through experimenting and learning, people acquire beliefs and attitudes. These in turn influence their buying behaviour. A belief is a descriptive thought that a person holds about something.
- An attitude is a person's enduring favourable or unfavourable evaluations, emotional feelings and action, tendencies towards some object or idea.

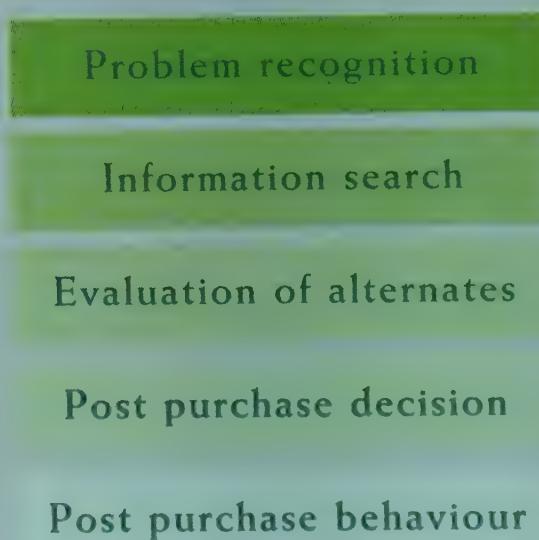


Customer buying behaviour

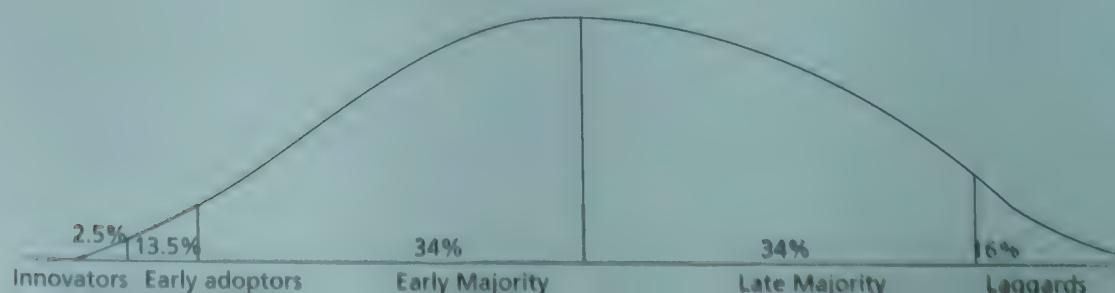
To understand how consumers actually make their buying decisions, marketers must identify who makes and has input into the buying decision. People can be initiators, influencers, deciders, buyers, or users, and different marketing strategies might be targeted to, each type of person. Marketers must also examine buyers level of involvement and the number of brands available to determine whether consumers are engaging, in simple, complex buying behaviour, dissonance reducing buying behaviour, habitual buying behaviour, or variety seeking buying behaviour.

The stages of buying decision process:

The typical buying process consists of the following sequence of events :



The marketer's job is to understand the buyers behaviour at each stage and what influences are operating. The attitudes of others, unanticipated situational factors and perceived risk may all affect the decision to buy. Satisfied customers will continue to purchase, dissatisfied customers will stop purchasing the product and are likely to spread the word among their friends/relatives.



For any product purchase the customer can fall under five categories: Innovatives, Early Adoptors, Early Majority, Late Majority and Laggards.

Types of buying behaviour

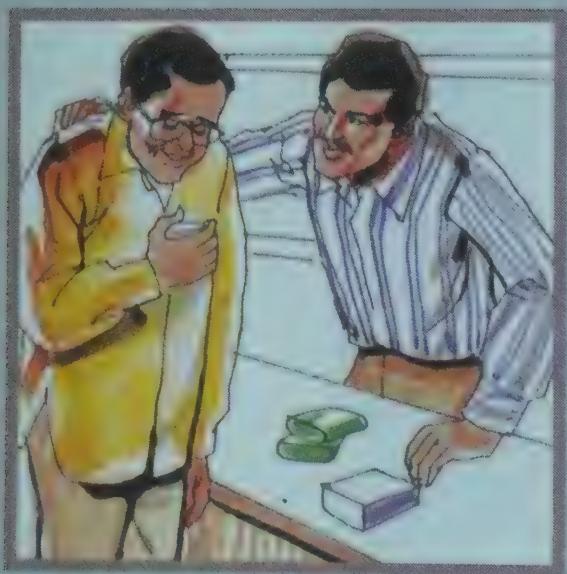
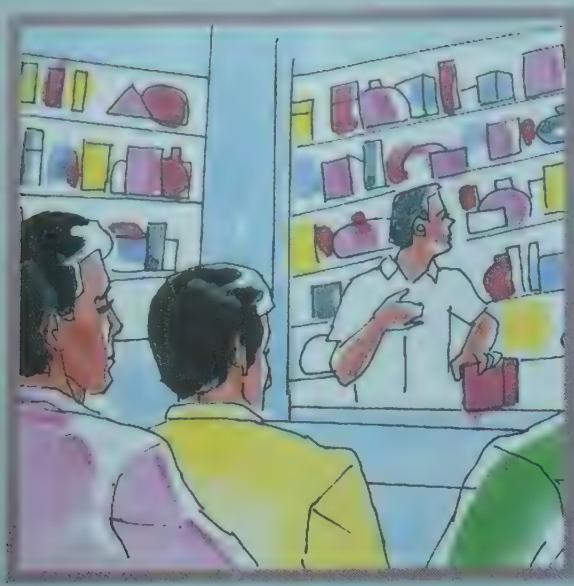
- Simple
- Complex
- Dissonance reducing
- Habitual
- Variety seeking

Purchasing pattern of condoms

Unlike the developed nations, the condom purchase in India has to a great extent been influenced by the values of the society. The Indian society is still conservative in nature when it comes to sex and talking or dealing with products related to sex is considered a taboo.

Condom buying falls under the simple buying behaviour process, where the individual though offered with a range of options does not take too much time in deciding the condom to be purchased. This is primarily because most of the condoms purchases are buying the condoms for its functional value and have not given much weightage for the other benefits. However the actual purchase situation is made complex since the customer is very embarrassed to ask for a condom. Oftentimes, with variants available a few sections of the population have started looking into the various varieties available.

Condoms are currently being used either as a family planning device or for preventing oneself from getting infected by either STD or HIV. Due to the many options available to plan one's family (like pills, IUDs, sterilisation) condom usage was not a very popular method, but with the spread of HIV virus, condoms have gained significant importance. Both in the family planning and for safe sexual practices males make the purchase decisions and almost all campaigns and messages are targeted towards the men. The role of women either in purchase of condom or influencing the men to use a condom has been very limited.



Purchase by men

Most of the condoms procured/purchased are by men. A recent survey conducted on condoms, indicate nearly 90% of the condoms purchased are by males and purchased during the evening hours. In order to maintain anonymity, the user travels some distance to buy the product and in most cases is not loyal towards a particular outlet.

Issues related to condom usage

Issues are defined as conditions or attitudes, which present a handicap to condom usage. These conditions or attitudes might be common to the general population or specific to a particular section of people. Embarrassment may not be a critical issue for a trucker or men on move, whereas the same might be critical for others. Some of the common issues that confront condom promotion are given below and the challenge lies in early detection of these issues and overcoming them.

Embarrassment and brand loyalty

Embarrassment is one of the main factors that inhibit condom usage. The condom purchaser is embarrassed to buy a condom from an outlet. His purchasing decision is affected if the shop where he goes to buy a condom is crowded or is manned by women. However there are also instances where the user buys condom regularly from a particular outlet. This could be due to factors such as the retailer being a friend, or the retailer has better understanding on the users needs and does not make his purchasing situation embarrassing.

While purchasing condoms, the customer normally does not look into factors that could affect the quality of the product, like checking on the date of manufacture and expiry date whether the pack is intact and without damages etc.

Similarly condoms are normally asked by its generic name and the customers are not brand specific. Even if a

particular brand of condom asked by the user is not available at the retail outlet, the customer accepts what the retailer gives and does not go in search for the brand.

Knowledge on availability.

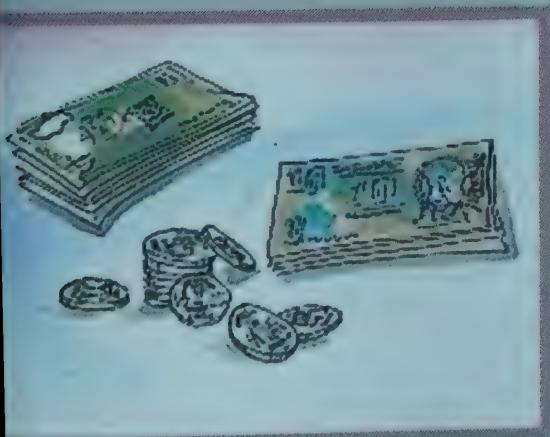
The knowledge level of the user, on the type of outlets dealing with condoms is also limited. Despite the fact that condom is available in different type of outlets like the cigarette/beedi shops, general stores, grocery outlets, condoms are purchased mainly at chemist outlets. Nearly 80% of the condom purchase are from chemist outlets. In many cases a person compromises on using condoms due to distance and limited number of chemist outlets.

Inconsistent usage and myths associated with condom usage

Correct and consistent usage of condoms helps in preventing the spread of STD/HIV virus. Consistent usage of condoms also influences the confidence of the product amongst the user. However condom usage has been affected due to certain myths such as the partner looks healthy and clean and so will not be affected by STD/HIV. Also the thinking that so far the individual has not been affected by STD/HIV and as such STD or HIV will not strike them are some of the myths which affect consistent usage of condoms.

Price and pack size

The price and size of pack also could to an extent influence the purchase decision of condoms. If condoms are priced on the higher side then there is a possibility that many potential users would opt out. Similarly a low priced condom could bring in a perceived feeling that it might be of poor quality. The number of pieces in a pack of condoms would also influence the purchase of condoms. If the number of pieces are more, then there would be difficulty in storing the condoms particularly if it is a joint family setting. Also the need to place the



condoms out of sight of children arises if the number of pieces are more. On the other side a pack with more number of condoms would help in reducing the frequent contacts to the retailer for purchasing condoms. In India condoms are available in packs of 3, 4, 5, 6, 10, 15 & 20.

Accessibility of condoms

In many cases sex is an unplanned activity. The availability/proximity of condoms at the point of sex would decide on the condom usage to a great extent. For example, there could be instances where the condoms might be available at the house, but are kept at places which require the person to move around the house for getting the condoms which would require time, distraction and fear of disturbing others.

Association of condom use with morality

With the spread of STD and HIV there is a perceived feeling by the users that condoms are associated with paid sex or immorality. This could be due to the fact that many of the AIDS prevention advertisements have not highlighted the dual protection role of condoms and only focussed on condoms as a preventive against STD and HIV.

Lack of negotiating power

Also in the case of women involved in commercial sex, condom usage could not be actively insisted due to fear of losing the client for reasons such as : 1) The client opting for other sex workers who do not insist on condoms and 2) Clients think the sex worker who insist on condoms is affected by STD.

Impediment to sensation

This is one of the main reasons reported by the persons for non-usage of condoms. Condom usage has been affected due to a perceived feeling that the sex with a condom is not natural and reduces the pleasure of sex.



Prior bad experience

Condom usage is also affected if the person comes across problems while using a condom. Problems such as lack of knowledge in using a condom correctly, quality problems encountered etc result in the user having a strong objection, towards use of condoms.

In many cases sex is an unplanned activity. The availability/proximity of condoms at the point of sex would decide on the condom usage to a great extent.

Lack of trust

Condom usage or insistence to use condoms by partner has been affected for the concern/fear on what the partner might think. The problems are intense in many cases substitute methods are opted for family planning and the advertisements released by many of the AIDS prevention campaigns have focussed condoms as a preventive against STD/HIV and not highlighted the dual protection role of condoms.

Other factors

In addition to the above there are other factors that affect condom promotion and usage. For example, opposition to use condoms due to religious compulsions and opposition of influencers like Anganwadi workers, doctor's etc., to promote condoms due to personal blocks. The attitude of policy makers on condom promotion like advertisement pertaining to condoms could not be telecast during peak viewership time also affects the promotion of condoms.

Handling obstacles on condom usage

If obstacles to condom promotion are not overcome the efforts of condom promotion will be compromised. To prevent the sexual transmission of HIV/AIDS and other STD it is necessary to deal openly and honestly on the issues, which prevent condom usage. Though there are no standard solutions to address the issues some suggestions are given in the following pages :



Issue

Embarrassment

Addressing the issue

- Interpersonal communication to address the issue could highlight on the number of condom selling outlets and approximate sale of condoms per day, and inform the user, that embarrassment is no more an issue and condom purchase has gained wide acceptance. Condoms are promoted by nearly 5 lakh outlets across the country and nearly 1200 million condoms are sold/ distributed every year.
- The social marketer can tell the target group that the retail outlets have been selling condoms for quite some time and they would have stopped selling long back if people were embarrassed to buy condoms from them.
- To ease the purchase situation for the customer many of the retail outlets have also started prominent display of the condoms at the outlets.
- While addressing the user statements like 'Now everybody has started using condoms' or quote example of sanitary napkins as personal product and how the product is purchased without embarrassment may be tried by the social marketer.
- Provide tips on overcoming embarrassment like writing in a piece of paper and giving it to the retailer in a crowded shop.
- Of late advertisement campaigns have started focussing on this issue which informs the audience on the purchase of condoms, as simple as any other product and that there is no need for embarrassment. The social marketer can highlight this to the target audience.
- Condom placement at saloons may address the issue on embarrassment as well increase the distribution for condoms.

Issue

Addressing the issue

Availability

- Inform that condoms are available at medical stores, general merchants, grocery shops, cigarette/beedi shops, departmental stores etc. Also free supply of condoms are distributed by NGOs at places of strategic importance (like at cash counters near the petrol bunk for easy access to the truckers). In some places condoms are also distributed through vending machines which are kept at public lavatories, places where people congregate etc.
- While addressing the issue highlight to the user on the number and type of outlets selling condoms. Inform that nearly 5 lakh outlets are currently promoting condoms and on the different types of outlets from where one can procure condoms.
- Discuss with the target groups and explore the possibility of placing condoms at points and outlets of convenience. For example, condom placement at saloons may address the issue on embarrassment as well increase the distribution for condoms. Similarly condoms at bars, wine shops could also be points from where the user would prefer to procure condoms.
- Indicate on sources from where one could get free supply of condoms. Care must be taken to inform the timing if any for procurement for free condoms. For instance, condoms distributed through government hospitals cannot be sourced after a particular time.
- Inform the user that sex is an unplanned activity and therefore there is a need to always carry condoms and place them at points of convenience. For example, placement of condoms nearer to the bed or carrying condoms in a key chain holder etc.
- Clarify to the user the myths associated with non usage of condoms (Eg. 'AIDS wont strike me', and 'the person looks clean and healthy and so condoms are not required').

Myths

Issue

Correct and consistent use

Addressing the issue

- Correct and consistent usage of condoms play an important role in the prevention of population, STD/HIV outburst. Many a times a person's inconsistent and incorrect usage has resulted in failures and the user looses confidence in the product.
- Highlight to the user on the need for consistent usage of condoms and its influence in increasing the confidence amongst the user.
- Inform the target groups on the importance of correct usage and site some of the common mistakes people do while using a condom.
- In many of the condom packs the steps for condoms usage is illustrated. Demonstrate through penis models, the steps on correct method of using and disposing condoms and ask the user to repeat the same.
- Ask the user to check the expiry date, condition of the pack before using.

Pack Size

- Need to visit the shops many times may influence the individuals/user to buy large pack sizes.
- Need for keeping it away from children may influence the user for smaller packs.
- Different pack sizes are kept at the retail outlet for the convenience of the user.

Association with immorality

- It is only a perception that condoms are associated with immoral sex. Actually nobody might be interested in why you purchase a condom.
- Majority of condom purchases are for preventing unwanted pregnancies.

Issue

Addressing the issue

Impedance to sensation

- Inform the user that the feeling condom is an impedance to sex is untrue, and psychological and more in the minds of the user. Once the user starts using the condom continuously, the confidence on the product increases and becomes fun and habitual.
- Ask them to experiment by putting a condom in the finger and touching the covered finger with a small piece of paper. The sensation will still be the same.
- Provide suggestions on how to increase the pleasure of sex with condoms, by talking about condoms before sex and partner helping in putting the condoms etc.
- Highlight to the user that while having sex, wearing a condom, slippage of condom is not known to the user, which indicates that the user is unaware of condom's presence and only during the initial stages he is conscious about the product.
- Inform on the additional lubrication and the features that are available in a condom to enhance the satisfaction. Condom with features such as dotted ribbed, perfumed etc. is available at most of the retail outlets.
- Inform them that condoms are now available in ultra thin thickness and is almost natural.
- Focus on the reduced mental tensions to the user while using a condom such as withdrawing the penis before ejaculation, fear of unwanted pregnancies and transmission of sexually transmitted diseases.
- Communications could be also more towards a lighter and humorous tone such as condom usage is not messy, and avoids wet bed spreads.

Issue

Addressing the issue

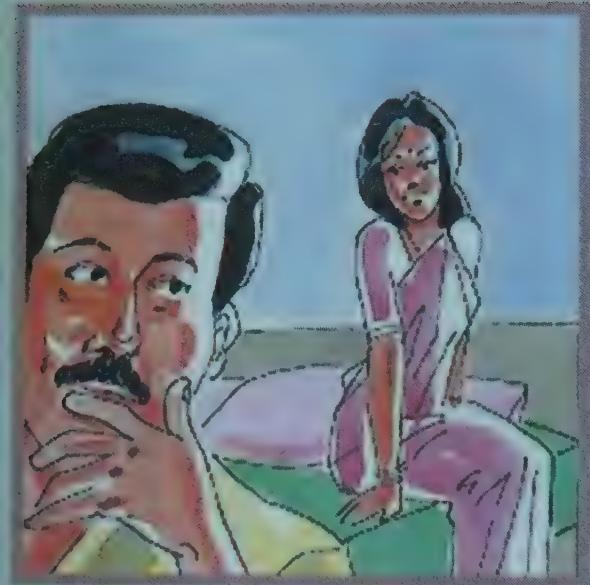
Prior bad experience

- Highlight to the user on the need for correct and consistent usage of condoms. This would require informing the user on the need for checking on the factors that decide on condom quality. The factors that need to be checked while purchasing condoms are:
 - Check on the expiry date of the product:
 - Check if the package is damaged/crumpled or looks old and discolored. If the pack is damaged or if lubrication has seeped into the pack then to avoid using the condom.
- Inform the user on the right method of stocking condoms. Condoms are not to be exposed to extreme temperatures and should be stored in normal room temperature.
- Highlight to the user the difference between product failure and user failure. Product failure means that the product has failed despite the user using it correctly (could be due to poor quality of condoms). User failure indicates that the condom failed due in the incorrect usage of the person. Recent studies on the quality of Indian condoms indicate that the condoms available for the user meet to the specification of WHO and are of good quality.

Lack of partner trust

- Inform the partner on the advantages of using condoms and that the user is concerned about the partner's health and happiness.
- No side effects compared to other forms of contraception.
- Reduced chances of developing cervical cancers.
- Condoms make sex more relaxed and intense as women are less worried.
- Condoms are available at different price ranges to meet individual requirements (from 25 paise to Rs. 6 per piece).

Price





Condoms can be real fun

- Experiment with condoms, play with them with your partner. Blow them up. Snap them like rubber bands.
- If condoms are seen as a part of the pleasurable process of love making instead of a hygiene device, most of the problems with condoms are eliminated.
- Condoms can be put on by sexual partners and become an exciting part of sex instead of an interruption. They can be put on by the mouth or along with affectionate caressing and kissing.
- Additional water-soluble lubricant can enhance sensations when using condoms. The lubrication on condoms in some cases may not be enough. Putting a small amount of lubricant on the reservoir tip before putting a condom on can heighten the pleasure. This helps keep air out of the tip and greatly increases sensation when the lubricant seeps around the glands. It takes a little practice to get the right amount applied.
- If possible keep several types and colours around so that you can experiment to find the ones you and your partner like best and have variety.
- Involve images of condoms in sexual fantasies. Men who have a lot of difficulty in losing their erections when putting on condoms can even experiment with their fantasies and masturbating wearing a condom.
- A man/woman who uses condoms is in control of his/her destiny.
- Condoms can be easily obtained without a prescription or a visit to doctor.
- Using condoms is an expression of love and caring for partners.
- Condoms have fewer side effects than other forms of birth control.
- Condoms are convenient protection for infrequent sexual activity.
- Condoms reduce the chances of developing cervical cancer.
- Condoms make sex more relaxed and intense, as women are less worried.

Some common questions asked about condoms

To what extent are condoms safe? If condoms are safe to a lesser extent, why are they recommended?

Condoms are effective barriers to viruses, including HIV. However, condoms are not 100% effective. To maximize effectiveness, condoms must be used correctly and consistently with all sexual partners. People who choose to use condoms feel that it is better to take the precaution to be mostly safe than it is to take the risk of being entirely unsafe without a condom.

Can there be any diffusion across the condom from outside to the inside or the reverse?

Neither the AIDS virus nor sperm can move through a latex (rubber) condom. In the past some condoms were made of natural products like sheep intestines. In those condoms there was a danger that the virus could pass through. Almost all condoms in the market are now made of latex and the changes of diffusion is very remote.

How are condoms electronically tested?

Condoms are made on individual moulds shaped like a penis. Each condom on each mould passes through electronic beams that detect even very tiny holes or other defects such as a condom that is too thick or too thin. When a defective condom passes through the beam, an alarm is sounded and the poor quality condom automatically falls off the assembly line. Condoms are also tested for strength by being inflated with air and for permeability by being filled with water. Laboratory tests also prove that the virus can not pass through the condom.

What about using double or triple condoms? Does this increase the efficiency?

Any single condom used correctly should be enough to protect the sexual partners from risk of STD including AIDS and from unwanted pregnancy. However, if you will feel less anxiety and more relaxed by using two or more, no harm is done. Please be sure that each condom is rolled down to the base of the penis so it will not slip off while playing sex.

How do you put on a condom ?

a) Put the condom on after the penis becomes hard (erect). (b) Put the condom on before any genital contact. (c) Hold the tip of the condom between a finger and thumb on one hand, leaving space at the tip to collect semen. (d) With the other hand put the condom on the end of the penis and unroll the condom down the length of the penis by pushing down the round rim of the condom. If this is difficult, the condom is 'inside-out'. Turn the condom the other way round, take hold of the other side of the tip and unroll it, (e) When the rim of the condom is at the base of the penis (near the public hair) penetration can begin.

How do you take a condom off?

(a) Soon after ejaculation, withdraw the penis while it is still hard, holding the bottom rim of the condom to prevent it from slipping off the penis. (b) Do not let the penis go soft inside the partner because the condom may slip off and spill semen in or near the vagina (c) Do not allow semen to spill on hands or other parts of the body, and wash hands and other body parts if contact with semen occurs. (d) Wrap used condoms in waste paper before disposing of them safely by flushing them down a toilet, throwing them down a pit latrine, burying them or burning them, (e) Wash hands to remove vaginal secretions or semen which can also be infectious.

Are other means of contraception useful for preventing HIV infection?

Is it true that there is a condom for women? Can it help to prevent STD?

No. Consistent use of condoms is the only contraceptive method that prevents both pregnancy and sexual transmission of HIV.

Yes. Female condoms have been developed and have undergone extensive testing. But they are not available commercially. Laboratory studies have shown that unbroken polyurethane (plastic) female condom does not allow the passage of sperm or any other smaller organisms (eg. HIV). The female condom is, at present, much less comfortable to use than male condoms which is a handicap to its further development.

How to use condoms ?



Check the expiry date for condoms.
Open the pack carefully without damaging
the condom. Wear the condom only after
penis becomes fully erect.

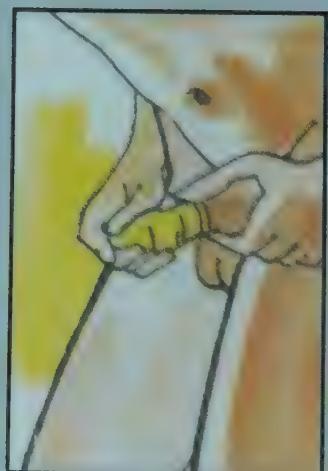


Press the tip of the condom
and fix it on the erect penis.

Hold the tip of the condom and slowly
unroll it to full length so that the penis
is completely covered.



Ensure that the condom is
in position before
commencement of sexual
intercourse.



After ejaculation hold the
bottom of the condom and
gently withdraw the penis.



Remove the condom
carefully without
spilling the semen.



Fold the used
condom in a
paper and throw
it into the dustbin.

COMMUNICATION

INTRODUCTION

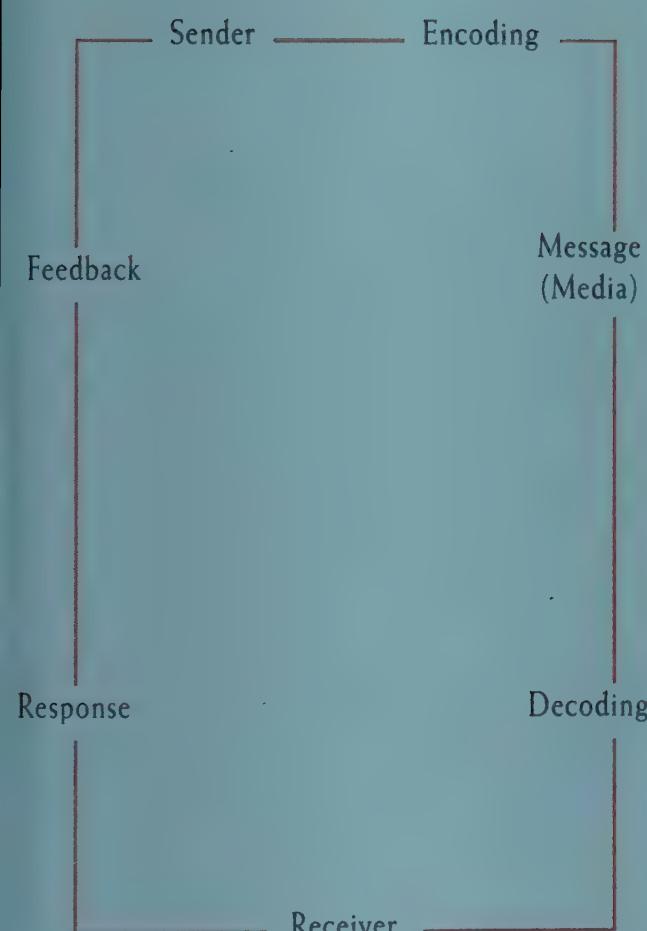
Communication is the ability to organise and express ideas in writing and in speaking. In simple terms it is the transfer of information. Communication is the attempt of trying to establish commonness. Communication between human beings is a constant striving for a common understanding.

Elements of communication

The communication process involves WHO says WHAT in WHICH channel to WHOM with WHAT effect. Atleast two people must be involved in order for communication to take place. One of these persons acts as the Source, (a Sender) while the other is the Receiver or Target. Given these two factors, there is no communication until there is a Message to communicate. This may be information (knowledge) or an attitude or a skill. Communication can occur only if there is a channel to carry the message. The most common channels are the voice, gestures, writing and illustrations.

When the receiver reacts to the message of the sender he automatically gives a message back. If the answer is by voice or gestures, he then becomes the Sender of the message and the first source becomes the Receiver. Without this two-way activity the sender is not certain that he has communicated. The response or feed-back may be vocal or gestures.

There has to be a Sender (source) with a purpose, ideas and intentions in communication. The purpose of the Sender has to be expressed in the form of a Message. It



has therefore to be coded by way of a systematic set of symbols. Thus we have a communication source with purpose and an encoder who translates this purpose in the form of message. This message has then to be channalised on to the Receiver to be decoded.

Communication barriers

Establishing commonness through communication does not come naturally. There are many barriers which make it difficult for the communicator to reach the goal. Some of the important barriers are :



1. Age difference between the sender and the receiver.
2. The economic gap between two different income groups.
3. Use of technical terms or language
4. Physiological difficulties in hearing, expressing
5. Situational or environmental (congestion, in-visibility, noise etc.)
6. Sociological and cultural (gestures, jokes and illustrations could be understood differently by people of different cultures).
7. The negative attitudes and low knowledge level among the audience.

Types of communication

There are three main types of communication, they are :

1. Inter personal communication
2. Group communication
3. Mass communication

Each of the three types of communication namely Interpersonal group and mass media has its importance in specific situations and for specific aims.



1. Inter-personal communication

Often the gap which separates the promotion and the products and services can be filled by face-to-face communication. Inter-personal communication encourages, compels and brings behavioural change. The advantages of inter-personal communication are:

1. Provides opportunities to clarify doubts of misconceptions of the target audience.
2. Offers flexibility, personal attention and persuasion.
3. Helps to reach deeper into the attitudinal and motivational core of the individual.
4. Helps in decision making process.

A field worker talking to a commercial sex worker on condom negotiation skills or on how to use condoms will fall in the category of inter personal communication.



2. Group communication

Group communication is adopted to communicate with a small number of people (15 to 20) in a group. This group communication clears the doubts and wrong beliefs of the group. This method is more interactive and establishes two way communication.

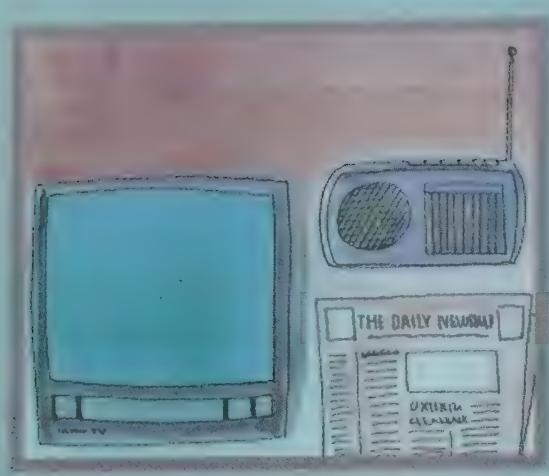
The NGOs using street plays/puppet shows to depict the importance of condoms for family planning and AIDS would fall in the category of group communication.



3. Mass communication

Mass communication helps in creating awareness. It has a wide range of coverage of target population. Effective mass media used include repetition messages on the most popular broadcast media, television and print media. Mass media has been demonstrated to create awareness and increase demand. Condom advertisement messages on

family planning, HIV/AIDS and condoms by various condom manufacturers government etc., will fall under the category of mass communication.



Media mix :

Media mix is the term used by communication planners to define the combination of media (or channels) face-to-face, print, radio, television etc. – used to deliver messages.

The combined use of several channels of communication, for example, giving a message in interpersonal exchanges and reinforcing that message in print and broadcasts, is the key to successful implementation.

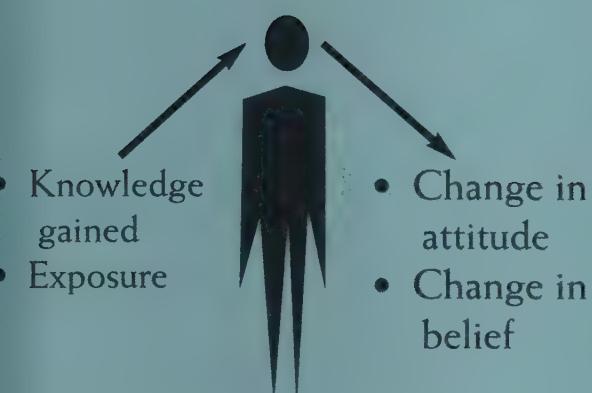
Purpose of communication

It may be for buying a product/service or information on a social issue and calling for action.

TYPES OF COMMUNICATION AND METHODS		
TYPE	METHOD	MEDIA
Interpersonal Communication	Home visit individual contact Counselling	Counselling card Booklet Kits
Group Communication	Group meeting Group discussion Demonstration Role play Workshop Orientation camp Puppet show Street play	Slides Overhead visuals Audio/video Cassettes Flash card Flip book Flip charts
Mass Communication	Campaign Exhibition	TV Radio Films Print media

Behaviour change :

Behaviour change is a process by which an individual changes an attitude or behaviour due to the knowledge gained, exposure and personal experience. This often requires increasing the demand for social products (condoms) and services and ensuring that consumers use these products/services appropriately. The real purpose in communicating is to get people to understand the message thoroughly and act accordingly.



How can communication bring behavioural change ?

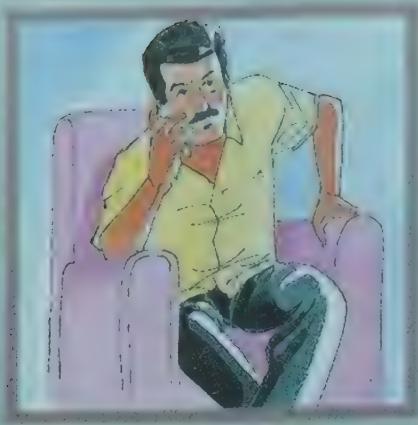
A change in behaviour is usually preceded by a change in knowledge and in attitude. Different audience segments require different amounts of information, as well as different presentations of materials for bringing in the desired behaviour change. Even a simple instructional leaflet can spark interest in its audience through elements of design or tone. Educational materials meant to provide knowledge may simultaneously change attitudes if they are effectively produced. However, behaviour change involves a process and can be greatly influenced by the motivational factors that person derives from knowing more about the product/service.

There are seven stages that induce adoption of a new practice:

1. Unaware :

The person is unaware of a problem or product. (eg. knowledge on AIDS). The role of communicator is to create awareness using media mix approach. The exposure to the media creates awareness of the problem/situation/knowledge. Type of media would be dependent on the situation and type of person who is planned to be approached.





2. Concern:

The actual exposure to the individual creates interest/concern of a problem. This concern will have an impact on the knowledge and attitudes of the person to a certain extent. For instance AIDS is uncurable and is affecting people practicing unsafe sex would create a curiosity and concern amongst the audience. The level of concern about the problem could vary amongst different individuals and also on the different types of media adopted.



3. Information:

The person gains knowledge of the problem, gets concerned about the problem and gathers information/skill to counter the problem and for adopting a new behaviour, eg., knowledge about safe sex practices/condoms as a protective aid for STD/AIDS.



4. Motivated:

Once the individual is informed of the advantages/additional factors it acts as a reinforcement and motivation to the individual. For instance, when a person, who knows condoms as a protective aid, on seeing a hoarding or sticker on condoms, or his peer speaking about the condoms on additional features that are available in the product, feels motivated to try the product.



5. Trial of a new behaviour:

After deriving knowledge/skill from multiple sources both personal and mediated and by discussing with others the attitude of the person changes. This makes the individual wanting to try out the product/skill. (Using a condom during a sexual act)



6. Outcome of the trial:

When he understands the real use of the new practice/skill has yielded good results and perceives a value then he becomes a satisfied person. If the experience is unsuccessful he rejects it. The outcome of the trial changes his behaviour. (Feeling of satisfaction while using a condom in a sexual act/feeling of discomfort while using a condom during the sex act).



7. Adoption of new behaviour :

The person adopts and practices the new behaviour and continues his practice. He communicates to others the benefits of his new behaviour.

Effective communication

Effective communication is a major factor in inducing behavioural change. The sermon on the Mount and the Bhagavad Gita are classic examples of effective interpersonal and mass communication, which effected positive change in the listeners. Effective communication aims not only at accurate information but also at transformation of the receiver to the desired end of the communication.

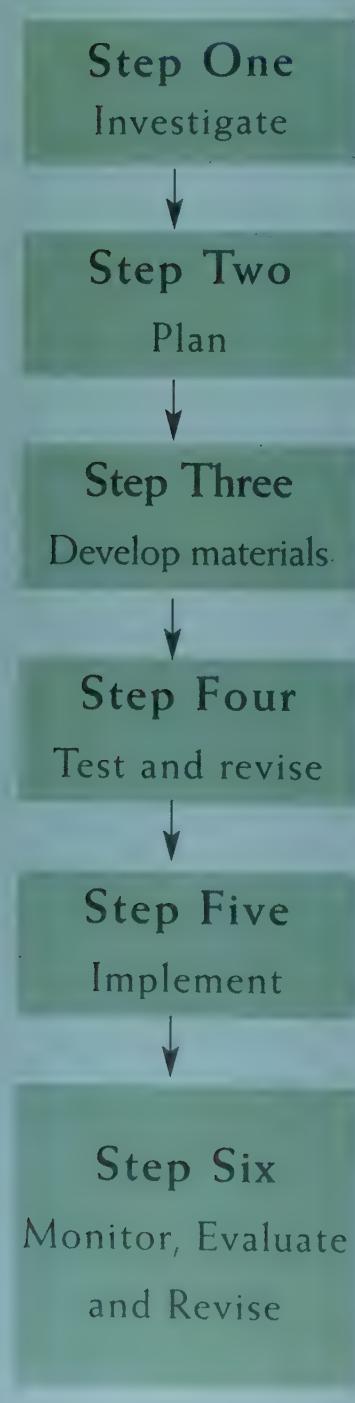
Communication design process :

Communication in any social programme require the following basic steps. These steps are inter dependent and should follow each other in cycles.

Step – 1 Investigate : Getting a good understanding of the audience, communication network, communication resources, decision process, media usage patterns etc.

Step – 2 Plan communication activities : This includes the defining of audience, list of behaviours to be adopted, constraints to adopt the behaviour change, communication

Communication Design Process :



objectives, mix of communication channels, time and budget.

Step – 3 Develop communication materials : This includes printed materials and audio-visual aids and materials for interpersonal communication with the target audience.

Step – 4 Test and revise : The materials are to be field tested and revised, to ensure that they are understandable, appropriate and attractive.

Step – 5 Implement the plan : The important issues during implementation are Media mix, Message phase and Message design.

Step – 6 Monitor, evaluate and revise: Planning to monitor and evaluate communication activities should be part of the overall programme plan. This includes messages and materials in the course of their development, communication inputs, and communication results.

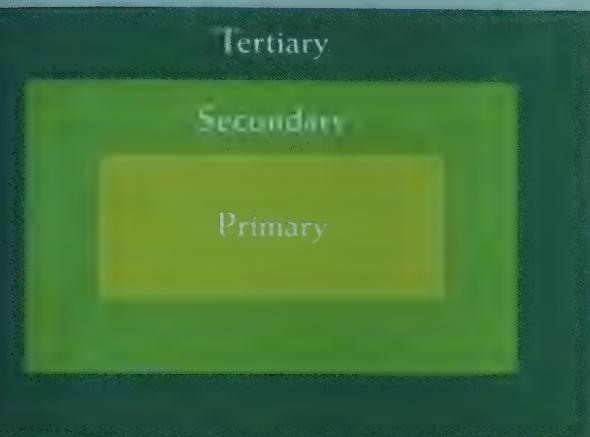
Communication evaluation measures inputs and intermediate outcomes as well as long term changes of behaviour.

Factors to be considered while deciding on the communication content for behaviour change are :

Target audience :

The target group can be divided into three types. The Primary audience, Secondary audience and Tertiary audience. The primary audience are those who have to be motivated and change their behavior and the key decision makers. The secondary audience are those who can influence, motivate, teach, support and reinforce the practices and beliefs of primary audiences (eg., health care

Target Audience



providers, family, friends, co-workers, retailers, etc.)

The tertiary audience are the opinion leaders, popular public figures and other key members of the community.

While dealing communication messages, care must be taken by the social marketer to address the target audience, and that the target audience are comfortable to what we want to say. A pre-testing of the message with the target audience will ensure the right message is addressed to the target audience.

Message :

The message strategy lays out in detail what will be said to different audience segments about the products. It establishes common themes which tie together all aspects of the promotion. It grows directly out of the programme objectives and the product position'. To stand out amongst the target groups the display, messages must excite the eye and ear; they should generate trust and they should appeal to both the heart and the head. The message should be:

- Simple
- Understandable
- Timely / need based
- Appropriate
- Applicable to situation
- Technically correct
- Practical
- Memorable
- Convincing
- Relevant to target audience

Appeal :

Each message should have an appeal. The appeal might be emotional or rational, educational or motivational, scientific

Factors to be considered

1. Target Audience

2. Message

3. Appeal

4. Image

5. Mood/Tone

6. Visibility

or traditional. The basis of appeal should vary according to target audience.

Image :

The message/setting might project rural or urban image, a modern or traditional one, sophisticated or folksy, and so forth. The more positive and friendly messages are likely to have a lighter input amongst the target audience.

Mood/Tone :

The tone of the promotion might be humorous, serious, family – oriented scientific and so forth.

Visibility :

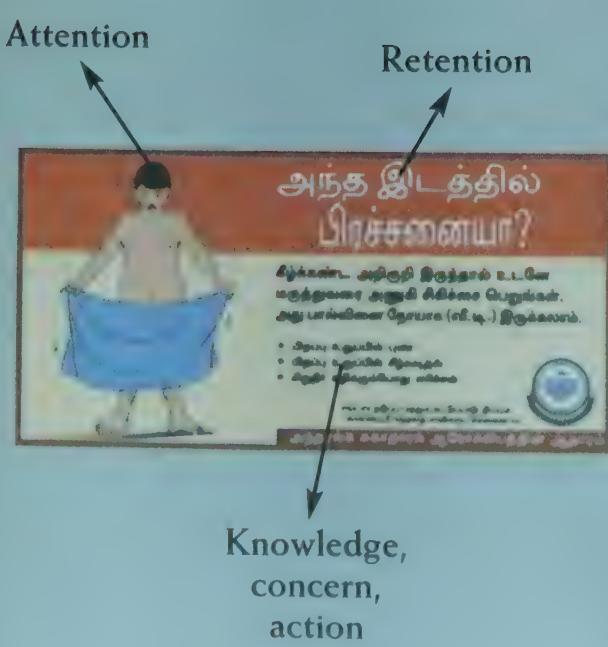
Visibility has an impact on the audience. The visual aids or demonstrations must be seen by the audience as it enhances attention, retention and breaks monotony.

Deciding on key message and tone :

What is a key message? Though the topic of discussion is promoting the use of condoms, the key message varies depending on the target to which the NGO is speaking. It also depends on the receptivity and immediate need satisfaction of the group.

Why is it important to have a key message?

To have the 'retention' - action effect. Any message is successful only if it fulfills the following 4 criteria :



a) Attention

b) High retention

c) Call for action

d) Consistency: the action resulting from learning.

This is especially true in the topic of discussion-condom

use. As the action (use of condoms) has to be learnt and cultivated as a habit, key messages on condoms may be to inform the audience on:

- a) Where condoms are available
- b) Different brands and features available
- c) Condom protects HIV/STD.
- d) Condom for family planning.
- e) Correct and consistent usage of condoms.
- f) Address issues that hinder condom usage

The social marketer should take into consideration that too many key messages cannot be passed in one communication and should restrict it to one or two which is the most critical for the target audience.

Dispelling myths :

While emphasizing the use of condoms, care should be taken to target the myths and stigma attached to it. This can be done by opening up the topic to the target as a brainstorming session or adopting a questionnaire containing a list on general (but usually wrong) opinions on using condoms.

Do's and Don'ts :

While selecting and conveying the key message take into account the following :

- Be clear in what you are saying. Make sure you have in depth knowledge about the topic.
- Anticipate questions so that you are prepared to answer with confidence. Be fully convinced that objections are bound to arise. You are talking about AIDS caused by (negative) habits. Not all individuals can be expected to be receptive.
- Make the message simple, focussed and continuous.

- Have a list of different messages and materials to be used.
- Be confident and have the right attitude and positive frame of mind. You are required to discuss a topic that is delicate, yet the need of the hour.
- Provide adequate information about where the group can contact you for clarifications which are intimate and cannot be shared in public.

Dont's :

- Do not confuse the message with habits. You are here to talk about condom use but not preach them self righteousness. Don't talk down. Be tolerant of people's behaviour.
- Avoid personal and touchy situations.
- Don't react negatively at any point of time. Don't argue to the point of picking up a quarrel. It makes all your efforts a waste. The group loses confidence in your intentions.

The 40x20 rule of personal communication

Rule - 1 : The first 20 feet you take towards your target audience could decide the acceptance of you and your message.

Rule - 2 : The first 20 inches of what the target group sees of you could decide on you and your message acceptability

Rule - 3 : The first 20 seconds of how you behave before your target audience could decide on you and your message acceptability

Rule - 4 : The first 20 words you utter to the target group could decide on you and your message acceptability

Communication tasks in addressing the issues

Effective communication aims not only at accurate information but also at transformation of the receiver to the desired end of the communication.

The communication issues to be addressed may be :

- Awareness on STD/HIV to the target audience
- To build confidence of condom amongst target audience
- To provide knowledge on source of condom availability, features, price, packing correct and consistent usage etc.
- To address issues relating to non usage of condoms

- To address issues related to dealing with retailers who are not dealing/displaying condoms properly.

The social marketer should have adequate knowledge about the issues and the skills required to build confidence in the listener about the need to use condoms. This could be done in the following manner:

Issues vary amongst different target audience. The social marketer should focus on addressing the issue that is faced by the target audience that are targeted by them.

The social marketer should have adequate knowledge about the issues and the skills required to build confidence in the listener about the need to use condoms. Establishing contacts with retailers and commercial sex workers insisting the sex workers to stock and distribute condoms to customers is a delicate issue. Go easy on arguments with them. Cajole, inculcate and persuade them to stock condoms and distribute to customers.

Role of NGOs

Of all the roles of NGOs has to play, the key role is in breaking the mental barrier. There is an embarrassment among the public while discussing such delicate issues like using condoms. So the duty of NGOs is to reach this invisible barrier and encourage healthy conversation which should culminate in willing, correct and consistent use of condoms.

How to make it happen :

- 'Charity begins at home'. If you have an embarrassment in discussing the topic, you will definitely not be able to converse freely with others. So it is important that you are fully convinced and confident.

Addressing the issues

- Understand the issue clearly
- Decide on communication strategies to address them
- List out probable questions that will be asked by the target audience.
- Take time to talk to people about the resistant factors and need for promoting and use of condoms.
- Explain the threat to life because of unprotected sex.
- Deal directly with the fears and/or reservations of the people. Issues related to non-use of condoms need to be dealt with kindly and firmly.

Approaching retailers :

- Have an open mind. It is always better to initially start the discussion with a retailer whom you are familiar with. Different types of retailers have different attitudes/experiences towards customers. Identify the issues.

Ask them their current practices on

- a) Storage of condoms
- b) Display of condoms
- c) Attitudes

Before approaching the retailer have indepth knowledge about the problems they face in marketing condoms. When you are making suggestions for changing their practices on storage/display support the suggestions with appropriate reasons beneficial to them.

- The data on quality and sale of condoms which you collect from retailers may be:
 - a) Checked and confirmed
 - b) Shared with other retailers/NGOs.

Approaching end users :

- After speaking to end users on usage of condoms, it is essential to follow-up and confirm the retention-action behaviour and ratio.
- Insist on consistent use of condoms,
- Make yourself approachable through a mature, confident behaviour so that the end users come out of their shells and volunteer to speak.
- Understand their problems and provide them with solutions/negotiation skills.

Media :

- Posters formed in simple language can be used for both initial approach and follow-up with end users. Small booklets with attractive captions and caricatures carrying information on correct use of condoms, issues relates to non usage of condoms can be left with retailers who distribute them to end users.
- Companies in the business of condom production may be contacted for a joint effort in making these posters booklets etc.
- Video cassettes, awareness programmes, street plays could be some more forms of media.

The criteria for selecting appropriate media is as follows :

- a) Target audience
- b) Facility/Infrastructure availability

Communication strategies for overcoming resistance

Communication strategies for overcoming resistance

- Identify the obstacles as soon as possible
- Find out what is publicly acceptable
- Get those involved to understand the obstacle that exists
- Deal openly and honestly with the obstacle
- Set up advisory groups
- Involve local opponents in the process
- Be bold, firm and convincing
- Target interventions
- Respond to public criticism and mini-information
- Use collaborators for more controversial aspects
- Make condom promotion fun
- Promote condoms without mentioning AIDS

1. Identify the obstacles as soon as possible :

The earlier the obstacle is identified the easier it is to overcome. No matter how well promotion strategies are designed, unforeseen obstacles can scuttle them. Rather than guessing at public acceptability levels for condom promotion strategies and materials, test them and show the results to opponents and the media. Once strong opposition has been voiced, it is difficult to retreat. Also, the longer the opposition smolders the stronger it becomes.

2. Find out what is publicly acceptable :

One way is to pretest condom promotion strategies and drafts of materials not only with the target population but also with opinion leaders and policy makers. Perceptions of what may be offensive are not always accurate. At time

the public is more accepting of challenges to convention than condom promotion planners give them credit for.

3. Get those involved to understand the obstacle that exists :

They could be the people conducting the condom promotion, members of the target group, opinion leaders, policy-makers, supervisors and others. Simply pointing out that an obstacle exists and talking about it, at times, is enough to eliminate it. It may also take time and a special effort to get people to appreciate that they harbour prejudices, that their attitudes are closed or to accept a reality that they deny exists or makes them feel uncomfortable.

4. Deal openly and honestly with the obstacle :

Discussing the reasons behind the obstacle and looking at possible compromises for overcoming it are important to the process of overcoming them. Role-playing group exercises and games and other techniques can help people come to grips with the obstacles.

5. Set up advisory groups:

These can include members of target groups, opinion leaders and other interested parties, who can review condom promotion strategies and materials. More often than not the advisory groups will approve the strategies developed and thereby defuse opposition. Parents might complain about a poster promoting condoms that was developed and not reviewed by a parents advisory group and not complain about the same poster when the parents advisory group has reviewed it.

6. Involve local opponents in the process.

Meet with officials from religious bodies that oppose condom promotion, explain the importance of condoms to

AIDS prevention and, at least, agree to disagree. Sometimes simply explaining beforehand that there will be radio spot advertisements promoting condoms will defuse local opposition. Asking for advice and counsel, even though it will be negative, eliminates the shock of surprise and permits the expression of opposition in a controlled setting. The importance of condoms for disease prevention can be emphasized to religious authorities. Education officials, teachers and parents can be shown evidence that condoms do not increase the number of young people who are already sexually active but will protect their lives.

7. Be bold, firm and convincing:

Those conducting condom promotion have to be strong in their conviction that the approach they are taking is correct and they should not be afraid of breaking with convention and pushing currently accepted limits. It might be easier to avoid all discussion of sexual questions and ignore the fact that obstacles exist, but that will not slow the spread of HIV infection. Those conducting condom promotion have to be both subtle in their approach so as not to offend people necessarily and determined to ensure that obstacles are confronted and dealt with. All societies are in flux. The challenge of the AIDS crisis has broken barriers to open discussion of sexual health and condom promotion around the world. There might be a more receptive climate for condom message for AIDS prevention than there appears to be.

8. Target interventions:

Activities or materials that might be offensive to the general public can be restricted exclusively to the target groups for whom they are intended. For particularly embarrassing messages such as instructions on how to use



condoms, a more intimate medium such as small cards can be used instead of posters.

9. Respond to public criticism and mini-information:

The best way to deal with public criticism of condom promotion is to nip it in the bud. If potential opponents are given the opportunity to express their views to planners, it reduces their need to complain to the media or officials. Opening communication lines by meeting with opponents can eliminate or reduce future criticism. It is also important to set the record straight by answering criticisms in the media. The replies should be factual, and personalising the debate by criticising the critics should be avoided. Misinformation about the reliability of condoms or wild rumours picked up by the media need to be answered. This includes dispelling myths about condoms based on folklore and superstition. Providing journalists with studies on condom reliability, factual articles from other publications and other reference materials helps to correct the misinformation.

10) Use collaborators for more controversial aspects.

In some circumstances the effectiveness of condom promotion is compromised because the content is limited by what is publicly acceptable. This is especially true for public sector organisations such as ministries of health and education. For example, it might not be possible for the Ministry of Health to develop the pamphlet for prostitutes that speaks frankly and provides them with the information they need on condoms but a small NGO with ministry funding might be able to. Teachers might not be able to speak frankly and openly with secondary school students about condoms without causing controversy, while a public health nurse might have no problems.

11) Make condom promotion a fun..

One of the best ways for overcoming shyness and discomfort when it comes to condoms is to make fun out of them. Just the mention of the word 'condom' can get a giggle out of people. People usually find it very humorous when condoms are blown-up into balloons can be batted around or attached to walls as decorations. Bars and nightclubs are particularly good places for 'playing' with condoms. Condom balloon blowing contests can be held where prizes are given to the largest balloon or the first one blown up and tied. Dance contests can be held in which couples dance with a blown up condom between them. Passing condoms around or showing how to put them on over bananas or wooden penises can also help to desensitize people to condoms.

12) Promote condoms without mentioning AIDS

HIV/AIDS is often not perceived as a problem by individuals who are in fact potentially at risk. This is especially true in countries where there have been relatively few AIDS deaths. Also the public and different target groups in some countries have been oversaturated with AIDS prevention messages, particularly those with a negative tone. One solution is to promote condom use without mentioning AIDS. Preventing STD and unwanted pregnancies are often more pressing problems for sexually active people. Linking condoms with AIDS and a negative mood, can also contribute to target audiences 'tuning out' the promotion.

INDICATORS OF SUCCESS

INTRODUCTION



Success can be defined as that which ends favourably. The getting of what one desires or aims. When an activity is designed, developed, and conducted, success of the activity can be measured by the degree of accomplishment of that activity. The term success is relative. For instance, getting 100% in maths is success for some and just passing in the subject may be success for some. The activity can be split into various elements and components which can be formed as indicators. The accomplishment of each element/component/can be measured to decide the overall success. Such accomplishments can be measured through effective monitoring and evaluation. The session deals in more detail on monitoring.

What is monitoring

Monitoring refers to the continuous review and supervision of activities and the use of findings to improve implementation. The goal of monitoring is to identify any problem in the activities early, so that they can be solved without delaying the programme's progress.

Social marketers must build into their programme systematic monitoring systems to detect flaws and oversights in the social product promotion and communication strategies. Timely discoveries of such flaws and midcourse corrections to refine products and messages are signs of programme vitality.

Role of monitoring helps to know:

- What in our strategy is not working as expected.
- Whether materials have been delivered in time to the correct people at the correct place.

- c. Whether the activities and strategies occur as planned.
- d. The ongoing programme inputs and outcomes and take appropriate corrective measures.

Monitoring refers to the continuous review and supervision of activities and the use of findings to improve implementation.

What is evaluation

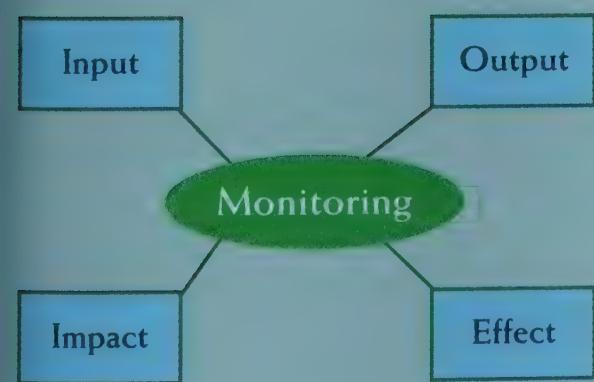
Evaluation is finding out the value of what has been achieved.

It is concerned with effectiveness. Evaluation determines whether the programme objectives were actually met. It also reflects upon how the Project/programme worked, for what type of people, and in what circumstances.

The main difference between monitoring and evaluation are primarily in two areas. i.e. time and purpose.

Planning for monitoring

Monitoring predisposes the existence of measurable objectives and an implementation plan that specifies exactly, what to monitor, how to monitor, when to monitor, who will monitor etc., of each operation.



What to monitor

The areas to be monitored can be categorised into 4 major heads.

- Input
- Output
- Effect
- Impact

Input

Inputs are resources that are required to be deployed for conducting the activities. If inputs have been deployed in

time and if the quality of the inputs are good it will ensure the successful achievement of the programme objectives.

Steps in activity monitoring

Planning

- Specify objectives
- Decide on scope
- Select indicator and standards
- Choose information services, develop data collection procedures

Implementation

- Collect the data
- Tabulate and analyse the data
- Present/report the findings
- Take appropriate action

For instance

- Training to the field workers on the correct method of using condoms
- Clearing of myths, misconceptions related to condom usage
- Tools for demonstrating right method of using condoms,
- Knowledge of the the different features of condoms
- Literature and POP materials required to motivate the users and retailers
- Availability of condoms for distribution and demonstration
- Ensuring availability of condoms at retail outlets where it is convenient for the target audience to purchase.
- Deployment of the required manpower

These are some of the inputs required for condom promotion.

Output

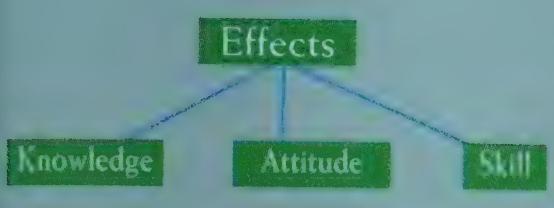
Outputs are the services and products that NGO generates with its resources. These are what lead to effects on the target audience.

- For instance the number of people oriented by the field workers on the right method of using condoms
- Number of Hand outs /Literature / POPs distributed
- Number of outlets opened for distributing condoms.

Effect

Effects are the influences that have occurred in terms of knowledge, skills, attitudes amongst the primary and

secondary target groups intervened by the NGO. For instance



Knowledge effect : Can be percentage of target audience who know where condoms can be procured from, know condoms protect from unwanted pregnancy, STD/HIV, etc.,

Attitude effect : Can be the target audience developing a positive attitude towards condoms.

Skills effect: Can be in terms of percentage of target population who knows how to use condoms correctly, who have acquired the skill to negotiate condom usage with their partners, etc.,

Impact

Impact is the final outcome on the community that has resulted from the information. For eg overall increase in condom usage, reduced number of STD reported etc.

How to monitor/sources of collecting data

Monitoring requires frequent measurements. It aims at understanding why certain things are happening and at finding solutions with the target audience. Different methods of data collection that allow for dialogue and exchange with the individuals involved and the target audience.

- Review of records
- Observation methods
- Key informant interviews
- Indepth interviews
- Focus group discussions.
- Survey techniques
- Intercepts/exit interviews

How to Monitor

- Review of records
- Observation methods
- Key informant interviews
- Indepth interviews
- Focus group discussions.
- Survey techniques
- Intercepts/exit interviews

When to Monitor

- Weekly
- Fortnightly
- Monthly
- Quarterly
- Annually

When to monitor

The periodicity of monitoring would depend on the type of information that is required and the nature of work that is to be monitored. For instance there is a definite need to monitor the performance reports of the field workers periodically (monthly) and give them a feed back on the positive and negative aspects. On the other hand measuring the knowledge, attitude, skills of the target audience cannot be monitored on a monthly basis but would require a longer duration of six months or one year. In other words Input and Output components need to have periodic and frequent monitoring whereas Effect and Impact components would require longer duration with less frequency.

Who will Monitor

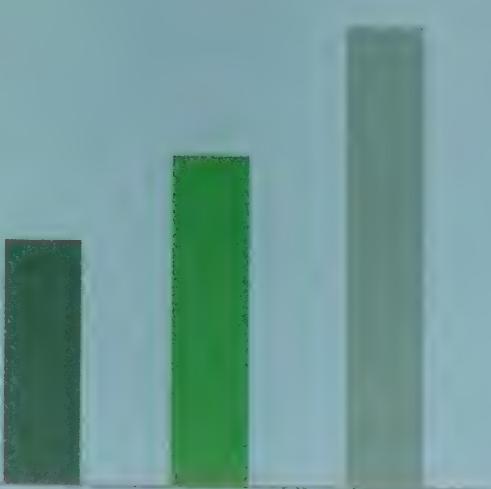
- Internal
- External

Who will monitor

Monitoring of the indicators can be done both internally and externally. In the case of internal monitoring, the person will be from inside, who knows the programme very well. The programme functions, objectives, problems strengths and weakness etc. are known to the person.

An external person is one who takes a look at the programme and will not be influenced too much by programme staff, funders, personal friendships or dislikes.

Analysis and presentation



Analysis

The objectives of monitoring is to take stock of the situation and make necessary corrections in the activities. This should not be taken as policing of the activities and should be made known to the implementers that it is for the benefit of the programme. Data collected has to be analysed and feedback to be provided to the concerned individuals and suitable corrective measures are to be taken jointly for the benefit of the programme. Pictorial and graphic presentation can also be used for analysis.

Examples are given below on what happened to certain intervention programmes which did not build in monitoring as a part of their programme.

Two cases where latrines were built to improve community health in two South American countries. At first the latrines in the programme were considered a success, but as time passed the latrines were used less and less. They were never cleaned or repaired. Eventually, they became health dangers, instead of health benefits. In another programme in a very poor area, latrines were built of bricks and had locks on their doors. However, the houses did not have locks on their doors, so people used the latrines, not for sanitary purposes, but to store their valuables, such as bicycles and chickens. As far as the people were concerned the latrines were a great success - for storing valuables.

In yet another case, condoms were subsidised and distributed by a country for its Family Planning programme. While the distribution of condoms noted a growing trend a Mid term Evaluation indicated that most, of the condoms were transported from the country through trans border.

Working sheet on monitoring of condom promotion activities

Particulars	Source of collecting data	Periodicity Monthly/Quarterly Half yearly / Annual	Hypothesis*	Data Collected by whom
INPUT INDICATORS 1. Knowledge of field workers on correct method of using condoms. 2. Knowledge of field workers on dual protection role of condoms. 3. Knowledge of different features of condom. 4. Knowledge of the different brands of condoms available. 5. Knowledge on myths associated with condoms. 6. Knowledge on issues related to condom usage. 7. Knowledge on condom negotiation skills. 8. Adequacy of tools for condom promotion. - Condoms - Penis Model - BCC Materials 9. Skills to increase product availability at intervention site.				
OUTPUT INDICATORS 1. No. of condoms distributed. 2. No. of Condom demonstrations conducted. 3. No. of outlets opened for condom availability. 4. No. of outlets where condoms are placed prominently at the outlet.				

* Hypothesis: First time all hypothesis will be based on guesstimate. Subsequently it will be based on base the data collected.

Working sheet on monitoring of condom promotion activities

Particulars	Source of collecting data	Periodicity Monthly/Quarterly Half yearly / Annual	Hypothesis*	Data Collection by whom
OUTPUT INDICATORS 5. No. of P.O.P. materials displayed on condoms. 6. No. of Hand outs distributed to the target audience on condoms. 7. No. of target audience briefed on condom negotiation skills.				
EFFECT INDICATORS 1. % of respondents who know condom protects STD/AIDS. 2. % of respondents who know correct usage of condoms. 3. % of respondents who do not have any myths about condoms. 4. % of respondents who use condoms regularly during all sexual acts. 5. % of persons who have a positive attitude towards usage of condoms. 6. % of respondents who know on the dual protection role of condoms. 7. % of people who have been able to negotiate condom usage with their partners.				
IMPACT INDICATORS 1. % of condoms distributing outlets to the universe of outlets at the intervention site. 2. % of increase in condom sales/ distribution. 3. % of cases reporting of STD Syndromes.				

* Hypothesis: First time all hypothesis will be based on guesstimate. Subsequently it will be based on base the data collected.

SUSTAINABILITY

INTRODUCTION



Sustainability is a relatively new word. In fact, it doesn't appear in any dictionary. However, Webster's dictionary defines "sustain" as, to "keep up, prolong." It usually implies maintaining something that already exists. The term is often equated with "self-sustaining" and "self-sufficient," which means that no outside support is needed.

When people ask how sustainable a programme is, they usually want to know what the chances are that the programme can be continued. When donors ask that question they usually want to know whether the programme will be able to continue after donor support ends.

These are legitimate questions, since many programmes, in education, agriculture, as well as health, have collapsed when donors withdrew their support. Thus the interest in sustainability is first and foremost an interest in ensuring that the services, and the benefits they produce, can be continued.

Sustainability is aimed at continuing the NGO's effort to fight against the spread of AIDS even after the utilisation of a financial grant for this cause. It is important for the NGO to learn that their involvement in AIDS prevention is a long term commitment rather than short term. Sustainability efforts enable them to maintain activity as well as the recurring expenses of the office. Funds are needed to be generated from within the locality or through other innovative methods. The success of any social marketing project is their plan to continue the crusade without external (agency) support.

Objectives

Social marketing of condoms should not stop in a prescribed period of three years, because according to the current statistics on the spread of HIV shows that it can not be controlled in a short span of time and requires a longer time frame. Therefore continued efforts are necessary to effect behavioural changes in people who are involving in unprotected sex.

Sustained effort to prevent spread of AIDS :

The spread of AIDS possess a colossal threat to all citizens and to our national economy. It is important for all conscientious citizens to act fast and combat the plague through various ways. One important way is to encourage protected sex by use of condoms if the concept of being faithful to the partner takes time.

Sustainability and its advantages

Sustainability efforts will ensure long term running of the project. The propagation of the idea and condom promotion should continue for a longer period. The NGO will run the project without any direct support from the funding agency. That means whatever is spent for the maintenance of the project will be raised through some other sources. Once the need for the programme is understood the resources can be found to run it.

You will get community's participation in what you believe, which needs to be doing. When the community for which you work helps you in your efforts, you, as an NGO, will be acceptable to do more humanitarian programmes in your locality. This increases the credibility of your institution both in the eyes of the granter and the benefactors.

If sustainability is not your priority, the project itself is not your priority.

Activities

The Activities that are covered under sustainability :

When we translate sustainability into a tangible reality, it is essential to look for answers for the following questions:

1. What are the various ways in promoting use of Condoms that not only wouldn't cost you much, but also will earn you a surplus income ?
2. How do you keep your volunteers continue working with you in your future programmes ?
3. How do you meet the budget for the execution of your programmes in condom promotion ?
4. How do you evaluate your efforts annually and increase your range of activities ?

Sustainability can be categorised into 3 major heads
Sustainability of the NGO : This would address the question of how the NGO will continue its operations once the funds for the NGO cease. This would involve a financial analysis and this needs to be planned for initially even prior to receipt of funds. Also other forms of fund raising activities like, partial renting of equipment/premises undertaking of job works etc can be thought about by the NGO.

Sustaining the activity by the NGO : Once sustainability of the NGO is ensured, the next important aspect that has to be considered by the NGO is that of continuing the activity. This would require an analysis of collaborative partners who would benefit from this activity and working



jointly with them to undertake the activity.

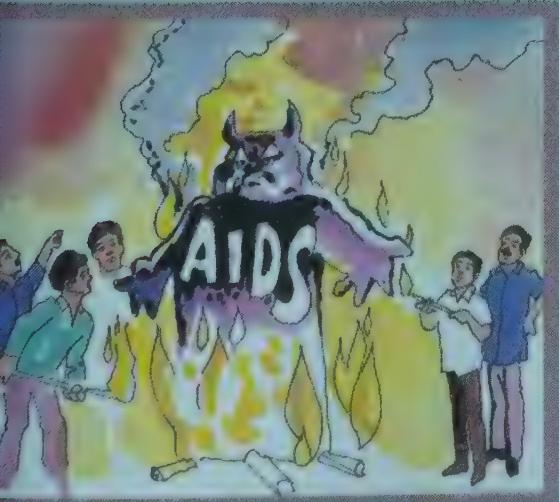
Sustaining the activity by the community : The NGO also has to note that in many cases they may work different field/areas and therefore as a part of the working plan they have to ensure that the activity is self sustainable and continued by the community. Development of volunteers/peer educators etc are one way of ensuring sustainability of the activity by the community.

Planning from the beginning

How do we do it? The planning for sustainability should start from the beginning of the project.

Think of three items:

1. People as valuable resources to work with you: You cannot do a social marketing project without the help of people (volunteers) in your own locality. They should work with you, spend their time voluntarily with you and help you in various ways, if not by financial assistance.
2. Opportunities to mobilise material resources : There are two types of material resources : One is money and the other is gift in kind. If you find opportunity to get financial support by selling condoms or by organising programmes you must plan ahead and do it periodically.
3. Persistence and commitment to crusade for the cause: There should be a long term goal for an NGO to start working with AIDS prevention. This goal will help to go ahead without looking this way and that way. This will give energy to overcome the resistance and hurdles. The top management of the NGO must be continued to the cause of AIDS prevention for a long period.



Ideas for sustainability should sprout from your own circles through brainstorming discussions.

If you can get volunteers from the student community or unemployed youth, they can be trained to spread the concept to others. Thus you can develop a strong network of volunteers.

You can obtain condoms for half the price from certain government organisations, manufacturers for half the price; find outlet for selling the condoms and make a profit, that will run your office expenses.

Open up new outlets, sell condoms through CSWs, local library, pan shops, hotels and wherever you can.

Find the nearby condom manufacturers and tie up for obtaining free or subsidised rate supply of condoms.

Conduct an Annual World AIDS Day festival on Dec. 1st. In the festival you may make an AIDS effigy, (many of you might have done till this point, but pay attention to the following idea...) Get sponsorship from shop owners and affluent local leaders to participate in the burning of the effigy. The money raised from this effort can be used as a capital investment to buy condoms at a subsidised rate and find outlets in your community to sell. The profit raised could be used for the continuance of the programme.

Community participation

This is very essential for sustainability. As an NGO, whatever you do in the community should be accepted by the people in the community. Initially you may or may not receive much acceptance. Over a period of time they must realise that your work is for the benefit of the community and they should have equal responsibility for the cause.

Their participation will also de-stigmatise the use of condoms. That means, people will talk freely (without shyness) about the need for using condoms and the proper use of condoms.

There are various ways to get community participation in your activity.

1. Involve opinion leaders such as school/college teachers and headmasters, panchayat presidents, members and councillors in your programme. Once you have their blessings, sustainability is half ensured.
2. Involve the women-folk because they can influence their friends and the men-folk to participate in your activities. Social marketing of family planning and oral rehydration therapy were great success with women participation.
3. Involve the youth, because they will work for you and bring in new ideas to continue your efforts to educate the need for condom usage.
4. Involve the high risk group (CSWs, industrial labourers and truck drivers) who respond to your gospel and propagate your message to their friends.
5. Involve the management of the corporate sector (industries, banks and other public enterprises) in your district or taluk.
 1. Hospital Visit : Make a trip to the nearby government hospital or any other hospital where there are HIV positive patients and help them.
 2. Organise Lectures : Invite a doctor who can speak about HIV and condoms.

3. Bring social psychologists and open access to those who need counselling.
4. NGOs have more access to high risk groups such as commercial sex workers, truck drivers, industrial labourers etc. If programmes such as free medical camp or the local doctor's talk on general hygiene can be arranged for them at a convenient place, they will build productive rapport with them.

How to cope with community resistance?

So far we were assuming that everyone will welcome to help the NGO in their work on propagating the habit of using condoms. It is not true that you get 100% public support to get the message across. The reasons are many:

- A public or private debate on sexual issues is not encouraged.
- Having sex with prostitutes is a clandestine activity and nobody wants to admit this in the public or the society does not want to talk about it.
- Nobody wants to talk about their genitalia and sexual habits.
- The adult male ego may show resistance to learn how to use condoms. (It is like teaching a male how to masturbate).
- Then there is the simple ignorance about the fact that a single contact with a 'clean' young girl can also get you in trouble. There may be more reasons for resistance.

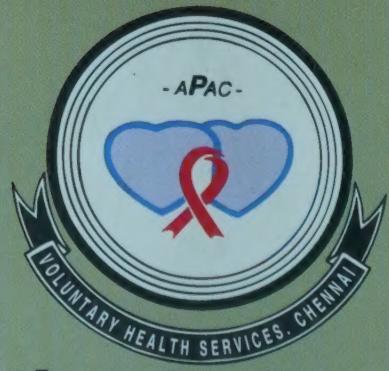
One simple way to cope with resistance is PATIENCE. If something is explained in a seriousness and in a scientific way, people tend to listen. The NGO representative must give the impression that they are serious health workers and not entertainers.

If the opinion leaders (teachers, headmasters, union leaders, politicians, local VIPs) in the community support you, half the battle is won.

Mostly, resistance might occur in groups. Try to get the confidence of the group leader. (e.g. pimps who run brothels, youth leaders, labour union leader etc.)

Your need funds to sustain

Besides the ideas mentioned above, think of various ideas to raise money. Conducting a medical camp or a village science exhibition will help raise money. The target of funds raised need not be equivalent to the funds you receive from the funding agency. However, efforts should be made to continue the programme without huge investment.



**AIDS Prevention And Control Project
Voluntary Health Services**

Adyar, Chennai 600 113. INDIA.

Phone: 2352965, 2355048. Fax: 91-44-2355018.

e-mail: apacvhs@giasmd01.vsnl.net.in